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ABSTRACT

This practicum report describes the implementation and evaluation of a substance abuse prevention curriculum in a Florida preschool. It was expected that, as a result of the implementation of the curriculum, children would improve in their ability to identify drugs; would increase their self-esteem; and would improve their peer relations. It was also expected that teachers would rate the curriculum as appropriate and easy to implement. Pre- and posttest measures gauged children's responses to pictures of drugs, of faces of children with various emotions, and of children interacting. A survey measured teacher attitudes. The curriculum, which involved interventions over a 1-month period, included presentation of information about drugs and activities designed to enhance children's self-esteem and peer relationships. Results indicated an increase in children's ability to identify drugs and in the number of children who chose a picture of a happy face as indicating their feelings about themselves. Teachers rated the curriculum as appropriate and easy to implement. A list of 21 references is provided. Appendices include a copy of the preschool substance abuse prevention curriculum, the teacher evaluation survey results, and other materials related to the curriculum and the practicum. (BC)

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Field Test of a Preschool, Substance-Abuse-Prevention Curriculum Planned for County-Wide Distribution

by

Kate Howze

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A Practicum I Report Presented to the Ed.D. Program in Child and Youth Studies in Partial Fulfillment of the Requirements for the Degree of Doctor of Education

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PRACTICUM APPROVAL SHEET

This practicum took place as described.

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This practicum report was submitted by Kate Howze under the direction of the adviser listed below. It was submitted to the Ed.D. Program in Child and Youth Studies and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

Approved:

March 19, 1992
Date of Final
Approval of Report

Mary Ellen Sapp
Mary Ellen Sapp, Ph.D.

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ABSTRACT

Field Test of a Preschool, Substance-Abuse-Prevention Curriculum Planned for County-Wide Distribution. Howze, Kate, 1992: Practicum Report, Nova University, Ed.D. Program in Child and Youth Studies. Drug Abuse/Drug Addiction/Drug Education/Curriculum Development/Curriculum Design/Preschool Education/Preschool Children/Child Development/Childhood Needs/Child Care/Day Care Centers

This practicum was designed to fieldtest a preschool, substance-abuse-prevention curriculum that had been developed by the writer, had been approved by an oversight panel of professionals, but never had been implemented with a preschool population. Curriculum content areas include enhancement of self-esteem and positive peer relationships, and factual information about drugs. The curriculum is to be disseminated free to all county preschools and child care centers.

The writer prepared the curriculum for use by adding photos, sketches and typesetting copy; trained teachers in use of the curriculum; pre- and posttested children in the curriculum content areas; obtained evaluations from child care center staff associated with the curriculum; obtained input from an evaluation committee of early childhood and substance-abuse-prevention professionals; and, based upon results of the project, modified the curriculum for final printing.

Results indicated that the children who received the curriculum improved their ability to accurately identify pictured licit and illicit drugs and to discuss them in health-related terms, and maintained their levels of self-esteem and positive peer relationships. Center staff evaluated the curriculum as appropriate and as easy to implement.

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CHAPTER I

INTRODUCTION

Description of Community and Work Setting

This practicum project took place within a large, geographically-widespread, urban county in a rapidly-growing state. The county contains 25 municipalities and unincorporated areas, and has 851,103 residents. Nearly 156,000 of these residents are children under 18 (Florida Center for Children and Youth, 1990). Despite a per capita personal income in the county of $19,317 in 1988, one in seven children lives in poverty. Of the families who live in poverty, more than half are female-headed, single-parent households. One of every four county households is a single-parent family. Nearly 9% of the population is non-white (Shermyen, 1990; Social Indicator Report, 1988). Over the past 10 years, the median age in the county has dropped from 45.8 to 42.1, affirming planners' predictions that the county is shedding its image as a "retirement" community (Adair, 1990).

Even though the county's population has always been predominantly older, the focus on children is strong (Rudd, 1980). The county is the site of the nation's first, independent, special taxing district dedicated to children's services. The District is the concrete result of the vision of a small group of county residents who,in the mid-1940s,

became concerned about the lack of resources for children. The group, led by an attorney and juvenile court judge, drafted legislation to the State Legislature, which passed it in a few short months. In 1946, the county's voters approved the District, thus empowering the District to assess ad valorem property tax.

In a referendum held in September of 1990, county voters approved an increase in the District's taxing authority cap, permitting the District to assess up to 1 mill ($1 per $1,000 of taxable property value).

Writer's Work Setting and Role

With its tax revenue, the District contracts with agencies and programs to provide services to the county's children and families. During the most recent fiscal year, the District allocated $18.7-million through contracts with 47 agencies and 88 programs. The District Board's funding decisions are guided by a community-wide needs assessment and fall into 17 areas. While dedicated to children's services, the Board believes it impossible and undesirable to address children's needs separate from the family's. So the 17 need areas include many programs and services designed to make the family healthy and functioning. The Board has divided all 17 need areas into four priorities, with adolescent pregnancy, adolescent substance abuse, family dysfunction, physical abuse and neglect, and truancy and dropouts comprising the top priority for the Board. The

District's programs are designed to focus on prevention and early intervention.

In addition to contracting for services, the District's staff monitors and evaluates these services; plans and coordinates services; conducts research on topics relating to children and families and provides social indicator data to the community; offers varied training and enrichment opportunities for human service professionals; maintains a library of books and audiovisual materials; reviews and recommends legislative and public policies relating to children and families and engages in advocacy activities; and promotes community awareness and understanding of the needs of the county's children and families. It is this last function that is the primary responsibility of the writer, who is the District's Community Relations Director.

The writer and the other department managers report directly to the Executive Director, and form his policy-advising and management "cabinet." Due to the small size of the District staff (40 employees) and the diversity of functions performed by the District, it is not unusual for staff to respond to emerging needs by undertaking tasks outside their routine job responsibilities. As well, a staff member's personal interests, skills or training may lead the Board to ask him/her to perform an occasional task not strictly within the confines of a particular job description.

The writer previously served as Child Care Services Supervisor for the country's first child care center for children of substance abusers. As such, she was an employee of a large and respected substance-abuse-prevention-and-treatment agency that has significant funding from the District, and she developed expertise in substance-abuse prevention, especially at the preschool level. While pursuing her master's degree, the writer researched and wrote a preschool, substance-abuse-prevention curriculum (see Appendix A).

CHAPTER II

STUDY OF THE PROBLEM

Problem Description

As mentioned in Chapter I, the Board of the District where the writer is employed has ranked substance-abuse prevention as a top priority overall. Additionally, each year, the writer's governing Board approves initiatives as part of its continuing leadership position in providing new and innovative programming. These initiatives are recommended by staff members based upon a variety of factors, including current statistical data, research indicating trends on the national level that are expected to impact the county's children and families and, in some cases, a desire to "float a trial balloon" in a new area to determine appropriate interventions.

As a member of the policy-advising management cabinet, this writer is expected to recommend actions, including initiatives, to the Board. Following the Board's priority to provide prevention programs in the substance-abuse area, the writer responded to a District-funded study showing the increasingly younger age at which the county's children use drugs ("Drug Use and Abuse," 1990) and to a large number of requests for a preschool, substance-abuse-prevention program. The writer recommended preschool, substance-abuse prevention as one of five initiatives for Board

consideration. When the Board ranked the initiatives, preschool, substance-abuse prevention tied for second place with a youth involvement initiative. While funding was designated for only two initiatives, the Board felt strongly enough about preschool, substance-abuse prevention to request that all three, top-ranked initiatives be undertaken and the budget adjusted accordingly (see Appendix B). The preschool, substance-abuse prevention initiative presented to the Board proposed two alternatives: field-test of a program by an outside implementer, or field-test of a program by this writer. The Board chose the alternative to be implemented by the writer, and requested her to field-test a curriculum in one preschool in the county. Following Board practice, the writer also recommended formation of a committee to provide input on evaluation of the project. This writer recommended that the committee be composed of an early childhood educator, child development specialist and a representative from a substance-abuse-prevention program. The committee was approved by the Board.

When the Board voted to provide preschool, substance-abuse prevention to the county's preschools, it decided to do so utilizing the writer's curriculum (see Appendix A). This curriculum, as documented by Howze (1988), was evaluated by a panel composed of a preschool teacher, substance-abuse-prevention specialist, substance-abuse counselor and preschool director, who agreed that the

curriculum was developmentally appropriate, easily implemented, and correct in its focus on self-esteem, positive peer relationships, and factual information about drugs. However, the curriculum was never field-tested or implemented. The problem facing this writer was to make certain the curriculum chosen by the Board was an appropriate response to requests, provided adequate evaluation of substance-abuse prevention on the preschool level, and was tested and modified before dissemination for use with a potential population of thousands of preschool children.

The writer's goal, as approved by the Board, was to provide a field-tested, preschool, substance-abuse-prevention program to all the county's child-care centers and preschools. The eventual target population for this practicum was the 23,323 children served in the county's 293 licensed, child-care facilities (Pinellas County License Board for Children's Centers and Family Day Care Homes, personal conversation, 28 May 1991).

Problem Documentation

A recent drug use survey ("Drug Use and Abuse," 1990) conducted in the county's schools examined the habits of 4,511 randomly-selected students in grades 8, 10 and 12, and, for the first time, 3,041 randomly-selected students in grades 5 and 6. The results for the fifth-graders are most telling in terms of how early children are beginning to

experiment with drugs. Of the 1,576 randomly-selected fifth-grade students surveyed, 13% said they had drunk wine coolers in the past year, 6.1% said they had smoked cigarettes, .5% had used marijuana, 3.5% had sniffed glue, and .7% had used hallucinogens. Former U.S. Secretary of Education Lauro Cavazos (1989) reports similar trends throughout the country, citing a three-fold increase since 1975 in the percentage of children using drugs by the sixth grade.

While similar figures on younger children who voluntarily use drugs are not available, there is information on a countywide basis regarding children involuntarily exposed to drugs in utero. Dr. Ira Chasnoff, noted nationwide as an expert on drug-exposed children, and the large, substance-abuse-prevention program mentioned earlier, received funding from the District's Board to conduct a study estimating the prevalence of substance use/abuse by pregnant women (Chasnoff, Landress & Barrett, 1990). The study was done in the writer's county and was the nation's first population-based study of maternal substance abuse. The researchers gathered blind urine samples over a six-month period from 380 women who made their first prenatal visit to any of the five public health clinics in the county, and from 335 women who made their first prenatal visit to any of 12 private obstetrical offices in the county. Results showed that one in seven pregnant women

tested positive for drugs. There was no statistical difference in drug use prevalence between public and private patients, or between black and white women.

Since even non-addicts tend to use drugs/alcohol on more than just one occasion, it reasonably can be inferred that at least one in seven county preschoolers, whether born addicted or not, lives in an environment were drugs/alcohol are used.

Environmental exposure to drugs has been receiving increased attention in the writer's county. How can the children who "fall through the cracks" - those exposed to a drug lifestyle yet not suffering the effects of prenatal drug use - be identified and served? A county, school-system task force on children of substance abusers changed its title and its focus after it realized that the effects of substance abuse can be as significant for the child living in an environment of drug use as they are for a child born drug-exposed (Michael Stone, personal conversation, 12 February 1991).

Presently, the Board contracts with two substance-abuse-prevention-and-treatment agencies in the county. The first agency focuses on outreach programs, hoping to deter drug use and abuse through community education. This agency's programs reach elementary-age children. The second agency, the larger of the two agencies and the agency that is nationally known, offers much more diverse programs. But

to date, its prevention programs extend only to children as young as fifth grade. In the past several years, the second agency has focused heavily on maternal substance abuse and has "treated" children of substance abusers peripherally through the child-care center mentioned in Chapter I, and through a research project designed to discover if mothers who have their children with them during treatment for drug abuse will tend to stay in treatment longer. The Drug-Free Schools program operates in county schools from grades kindergarten through 12. There are many treatment programs serving young adults and adults. But there is no prevention program serving children younger than 5.

Preschool teachers and administrators have indicated an increasing interest in providing substance-abuse prevention at the preschool level, as evidenced by the number of requests for preschool, substance-abuse prevention made to the writer's Board. Over the past year, the writer received 71 requests for information on low-cost, effective, preschool, substance-abuse prevention as a result of her curriculum report being listed in the Educational Resources Information Center data base (Howze, 1988).

In 1990, the State Department of Education mandated substance-abuse prevention in its pre-kindergarten programs serving ages 3 and 4 as a result of the belief that providing prevention at that age level is necessary (Linda Jones, personal conversation 11 November 1990). There are 26

public pre-kindergarten programs in the writer's county, serving 400 preschool children. The county's Drug-Free Schools Program and Early Intervention Program have told this writer of their interest in appropriate, preschool, substance-abuse prevention, and in results of this practicum.

Causative Analysis

The writer believes there is an explanation for the younger age at which children are experimenting with drugs, and that three factors explain the increased requests for preschool, substance-abuse prevention. The writer believes the increasingly younger age at which children use drugs may be caused by the pervasive amount of exposure young children have to drugs through television, parents and peers. The role of TV and parents as two major information and socialization forces in a young child's life is demonstrated by Tennant (1979), who studied the awareness of substance abuse and other health-related behaviors among 46 children, ages 5 and 6, who received a routine preschool exam at a general medical clinic. Children were shown eight pictures from contemporary magazines which depicted drug abuse, alcohol abuse, smoking, overeating, tooth brushing, exercising, wearing a seat belt and violence toward others. All children could identify at least some of the behaviors and tell the health benefits or risks of the activities. Sources of these children's knowledge were parents, TV, then

church, siblings and teachers. Former U.S. Secretary of Education Lauro Cavazos (1989) reports television and movies to have the greatest influence on children 9 to 12 years old in making drugs attractive, and other children to have the second greatest influence. While these sources are readily available to most children, the sources, especially if involved in drug use, may not always be accurate. Lecca and Watts (1989) believe that lack of self-esteem and poor personal and social competence leave the child unable to resist drug use and abuse.

In terms of the increased requests received by the writer for preschool, substance-abuse prevention, this writer believes that until recently, most preschool personnel were unaware that it is possible to provide preschool, substance-abuse prevention as early as age 3. Lecca and Watts (1989) point out that their review of substance-abuse-prevention programs targeted at preschool children shows few programs. Those that are available have not existed long, and have limited evaluation strategies.

This writer also believes that most preschool budgets cannot bear the cost of preschool, substance-abuse-prevention curricula and programs that do exist. The Office for Substance Abuse Prevention of the U.S. Department of Health and Human Services (1990) has compiled a Prevention Resource Guide for Preschool Children. The listed resources are not strictly curricula. Limiting her survey of this

guide to listed resources that are curricula, the writer found programs costing as much as $550 (The Foundations Curriculum), and $350 (Feelings, Body Changes & Stress: A Curriculum for Preschoolers on Stress Education), although a few were free or low cost.

Finally, the writer believes the number (71) of requests for preschool, substance-abuse prevention she has received as a result of her curriculum being listed in the Educational Resources Information Center (Howze, 1988) indicates the need for a low-cost, readily-available, preschool, substance-abuse-prevention program.

Relationship of the Problem to the Literature

A discussion of the literature related to preschool, substance-abuse prevention must first point out that the topic is a relatively new one. As mentioned earlier, research by Lecca and Watts (1989) revealed few preschool, substance-abuse-prevention programs, and limited evaluation strategies for those programs that do exist. Lecca and Watts also have pointed out that while there is growing research on children of alcoholics and on substance abusers in general, and in the past several years on the effects of maternal substance abuse, they have found no figures in the literature that define the number of preschool children who live with a substance-abusing parent or parents. They find this lack particularly striking since preschool children are so dependent upon their parents for information and

socialization. Barring parental direction, the only alternative information and socialization source for these children is TV. Lecca and Watts acknowledge that public concern over substance abuse in families with preschool children has led to major efforts to find effective ways to keep these children from experimenting with drugs and alcohol, but there are few programs that address their needs.

There is some concensus on the age at which intervention can and should occur. In an attempt to determine alcoholic vulnerability in the preschool years, Noll and Zucker (1983) studied two groups of preschool children, one with alcoholic fathers and one a control group. Noll and Zucker found that children from homes where alcohol is consumed are more familiar with alcoholic beverages and acquire this knowledge earlier than their peers, even when their general overall development is slower. In 1984, a second study by Noll and others with 131 children in child-care centers replicated the 1983 study's findings. This data strongly suggested that learning about alcoholic beverages begins very early in life, and may begin before a child is three.

Tennant (1979) notes in his study that the age at which health-conscious behaviors show up in children is crucial because successfully preventing certain behaviors, such as substance abuse, may depend upon reaching these children

before the critical age. Tennant concludes that preschool children may have considerable awareness of substance abuse and other health-related behaviors, and thus may be a suitable target for prevention and education efforts.

Providing these prevention and education efforts as early as age three falls, in many cases, to the preschool teacher or child-care giver. Oyemade and Washington (1989) believe it is important that preschool personnel are concerned about drug abuse prevention. Early childhood educators' work can make a difference in children's lives, especially in this critical area, and especially if two primary information sources - parents and TV - are unreliable or incorrect.

Even those early childhood educators who are aware that they can provide preschool substance abuse prevention may be stymied by the affordability or availability of existing materials. The Hillsborough County, FL Headstart (Judy Simmons, personal conversation, 8 October 1990) surveyed existing preschool substance abuse prevention programs to determine one or more suitable models to field test in their child-care centers. Only three of the 22 programs they studied were available free. The remainder ranged in cost from $50 to $1,200. Some included expenditures for training of staff.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Goals and Expectations

Upon completion of this practicum project, the writer expected to have provided an effective, low- or no-cost, preschool, substance-abuse-prevention program for distribution to all preschools in the county. The program was to be usable with little or no training, and fieldtested. It was to include factual, substance-abuse-prevention information for preschoolers, as well as exercises in self-esteem and positive peer relationships. Since the program this writer's Board directed her to use is her own, she wanted to make certain the curriculum was acceptable according to scholarly practice, revising the curriculum where needed before dissemination. She also planned to work closely with the committee to assimilate evaluation recommendations.

Expected Outcomes

The following outcome objectives were projected for this practicum:

1. The writer will fieldtest her preschool, substance-abuse-prevention program by implementing it with no more than 50 children in a selected preschool whose racial demographics match county racial demographics.

2. Up to 50 preschoolers receiving substance-abuse prevention will show improved identification of drugs.

3. Up to 50 preschoolers receiving substance-abuse prevention will show improvement in self-esteem, as evidenced by selection of an "emotion" face to represent how they feel about themselves.

4. Up to 50 preschoolers receiving substance-abuse prevention will show improvement in peer relationships, as evidenced by selection of a sketch representing the best way to interact with others.

5. Teachers providing the preschool, substance-abuse prevention will rate the method as appropriate and easy to implement.

Measurement of Outcomes

The parameters for measuring Objective 1 were defined by the context in which the Board historically has undertaken initiatives, and that is with one group of clients at one location. The writer's recommendation for preschool, substance-abuse prevention suggested implementation at one preschool with a small group of children. The writer believed up to 50 children to be a reasonable number with which she could fieldtest a preschool, substance-abuse-prevention program in one location. After consultation with the county License Board for Children's Centers and Family Day Care Homes, the writer was to select the location based upon the preschool's racial

demographics. The writer believed that a preschool whose racial demographics matched the racial demographics of the county's population would provide applicability to an eventual, more general group of county children.

Objectives 2, 3 and 4 related directly to the three component areas of the proposed preschool, substance-abuse-prevention curriculum, which are factual information about drugs, improved self-esteem, and positive peer relationships. As part of this project, the writer was to develop and arrange a series of photographs and sketches which were to be made available for curriculum use during fieldtest, and modified if needed before the final curriculum was to be disseminated. The writer was to select appropriate props and work with a photographer to shoot six photos of drugs, and was to work with an artist to develop appropriate sketches.

Objective 2 called for measurement of preschoolers' knowledge of drugs. This measurement must be developmentally appropriate to children as young as three, which ruled out many traditional measurement methods, e.g., a written test of knowledge. The writer decided to use black and white photos of three licit drugs that most children have used or to which most children have been exposed, and three drugs that are either illicit or inappropriate for preschoolers. These photos would be utilized in the curriculum. The children with whom the preschool, substance-abuse-prevention

was to be fieldtested were to be pretested and posttested using the photos. Each child was to be shown the six photos, one at a time, and asked, "What is this?" Each child then was to be instructed, "Tell me all you can about this." The number of photos was limited to the six utilized in the fieldtest curriculum. The writer was to record responses. The writer was to analyze responses to the first question for changes in the children's ability to correctly name drugs. She was to analyze responses to the second instruction to ascertain children's perceptions about the drugs.

Objectives 3 and 4 required measurement of intangibles, self-esteem and positive peer relationships. Typically, a seeker of this information might rely upon teacher report or parental report. The writer chose neither of these approaches. The teachers who were to use the curriculum might exhibit favorable bias in the posttesting as a result of their involvement in the program. Parents also might be subject to biased interpretations of their children's behavior resulting from their participation in the program. The writer proposed to pretest and posttest the children in the areas of self-esteem and positive peer relationships utilizing a method similar to that utilized for the factual drug information component of the curriculum, and one which was directly linked to curriculum objectives.

The self-esteem portion of the curriculum is designed to assist children to feel good about themselves and to recognize feelings. Therefore, the sketches developed for this curriculum component were to depict emotions. The writer was to measure changes resulting from implementation of self-esteem activities by using the curriculum sketches of a happy face, sad face, angry face, and confused face. The writer was to pretest the children by showing the four face sketches and directing each child to "show me how you feel most of the time." The writer then was to ask each child, "What makes you feel _____?" Responses were to be recorded and compared to posttest results.

The positive peer relationships portion of the curriculum is designed to help children interact positively with their peers. Sketches developed for use were to depict children interacting with other children in positive and negative interactions. The writer was to measure changes resulting from implementation of positive peer relationship activities by using the sketches in a pretest/posttest format. The writer was to pretest the children by showing one sketch of a positive interaction, and one of a negative interaction, and asking the children to "show me the way you get along with others." Responses were to be recorded and compared to posttest responses.

Objective 5 was to be measured by a survey of teachers implementing the program. The writer was to create the

survey for teacher use, and solicit information on the program's ease of use, effectiveness, adaptability, and parental feedback. The teacher survey was to be reported in anecdotal form, with statements of agreement and disagreement grouped for analysis.

The writer wishes to point out the difficulty, if not impossibility, of obtaining or designing one definitive measure of results. Nonetheless, Lecca and Watts (1989), who studied preschool, substance-abuse prevention, strongly support ANY research on the effectiveness of preschool, substance-abuse prevention. They write:

> No research instrument may be sophisticated enough to provide all the information needed. But we must have some kind of information (however crude), which makes it seminal to obtain more and better research on the effectiveness of preschool and school-based substance abuse education programs. (p. 45)

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Solutions

As detailed in previous chapters, the writer received Board approval for her to fieldtest a preschool, substance-abuse-prevention program for eventual dissemination at low or no cost to all county preschools. The writer made the recommendation to the Board based upon its priority of preventing adolescent substance abuse, responding to requests for preschool, substance-abuse prevention, the increasingly younger age at which drug use occurs in the county, and the writer's experience, background in preschool, substance-abuse-prevention, and existing preschool, substance-abuse-prevention curriculum.

A literature review revealed many entreaties to provide preschool, substance-abuse prevention. Lecca and Watts (1989), noting the dearth of programs addressing the needs of children birth to age five living with alcoholic parent or parents, suggest that this is the most critical age to apply prevention strategies. Tennant (1979) has noted that prevention programs for positively influencing health behaviors fail because they are targeted at adolescents or adults whose behavior is fixed and less likely to change. Densen-Gerger and Rohrs (1981), in reporting on four ways that children are victimized by substance abuse, list one as

neglect by parents and social agencies of the infant and preschooler. The Hillsborough County, FL Headstart felt strongly enough about the issue of providing preschool, substance-abuse prevention that it initiated a search for appropriate preschool, substance-abuse-prevention curricula. The manager for the project indicated that providing such a program is a priority for the county's Headstart centers (Judy Simmons, personal conversation, 18 December 1990). As well, an eight-county Headstart group in eastern Tennessee, and LeMoyne-Owen College in Memphis, which has a preschool project serving a low-income housing area nearby, have made preschool, substance-abuse-prevention a focus (personal conversation, Jill Bishop, 26 September, 1990; personal conversation, Michael Adams, 11 October 1990).

The literature reveals some common elements of preschool, substance-abuse prevention. Lecca and Watts (1989) point out the importance of examining the issue of substance abuse in families of preschool children by looking at the context in which it occurs. Prevention and early intervention must take place in that context, which is the family. There are several models for family-centered primary prevention: 1) linking families to communities, which in turn are linked to helping organizations; 2) family intervention that empowers the family and reduces isolation; and the media, which can provide models of functional families and coping mechanisms through public service

announcements, cable TV and entertainment. Lecca and Watts call inclusion of parents in the substance-abuse education process essential, and suggest that one strategy for prevention with young children is to teach parenting skills to parents using social learning theory or behavior modification.

Wasow and Mitchell (1990) concur with Lecca and Watts on the necessity of placing substance abuse prevention and education for early childhood in a societal context. However, they believe substance abuse prevention and education, in their case for kindergarteners, can be provided in a school setting, as long as school efforts are reinforced by targeting the home, community and local media, as Lecca and Watts have suggested. If provided in the school setting, substance-abuse prevention and education must be developmentally appropriate and implemented with cultural sensitivity. Teacher training and support are critical, as are school and family collaboration and community involvement. Wasow and Mitchell call for strong leadership to provide vision, support to parents and teachers, resources, community outreach and policy making.

Oyemade and Washington (1989) also stress the family aspect of substance abuse prevention in the early years. They suggest that successful preschool, substance-abuse-prevention programs should be based upon strategies that meet the basic needs of the family in the community, assist

families with stress management, identify resources to assist families, support families through parenting-skills enhancement or informal discussion, and educate the family. Oyemade and Washington believe few drug abuse prevention programs address the childhood predictors of later drug use, and that none address family functioning. They believe both should be components of a serious substance-abuse-prevention program for preschoolers.

The Alcohol and Drug Abuse Association of the writer's State provides some preschool substance abuse prevention, but the extent of its effort centers around training for child care workers that teaches them to identify high-risk children (Carla Barrow, personal conversation, 5 November 1990). The workers are instructed to work through a State Health and Rehabilitative Services worker to encourage the parent(s) to get treatment.

These potential solutions to the stated practicum problem were not totally appropriate for this practicum. The Board already has placed considerable time and resources into working with families, and into providing substance-abuse prevention to age levels as young as elementary school. The preschool age is the Board's intended focus; dealing with families for this project would duplicate existing services and not reach the intended audience. Certainly consideration should be made of parental involvement, which the Board has indicated it wants to do at

a future date. It is interesting to note that the manager of the Hillsborough County, FL Headstart project to provide preschool, substance-abuse-prevention is an early childhood educator who believes that the issue of parental involvement takes a backseat to the urgency of providing prevention and intervention directly to the children (Judy Simmons, personal conversation, 18 December 1990).

A literature review of currently-available, preschool, substance-abuse-prevention curricula content shows two foci. The first focus is on helping the child develop skills for resisting drug use, but includes no factual information about drugs. The second focus helps develop skills for resisting drug use, but also includes factual information about drugs. The writer's search for available preschool, substance-abuse-prevention programs revealed 22 programs, of which 13 contained factual information about drugs. Of the four curricula listed in the Prevention Resource Guide for Preschool Children compiled by the Office of Substance Abuse Prevention of the U.S. Department of Health and Human Services (1990), only one was drug-explicit.

The newness of the subject area may explain the lack of concensus on preschool, substance-abuse-prevention curriculum content. Lecca and Watts (1989) point out the short existence of substance abuse prevention programs targeted at preschool children and thus, limited evaluation strategies. Lecca and Watts note that all the programs

deserve mention due to their theoretical perspective and helpful clinical observations, and encourage more and better research on the effectiveness of preschool and school-based substance abuse education programs. That encouragement is consistent with the intent of this practicum project.

The writer learned through her literature review that providing factual information about drugs, a key part of her curriculum, is considered a necessary part of some preschool, substance-abuse-prevention curricula, but undesirable in others. For example, Wasow and Mitchell (1990) maintain that the goals of an early-childhood, substance-abuse-prevention program are the same as those of any good, early-childhood program: self-esteem, good peer relationships, good communication skills, critical thinking, decision-making and problem-solving, inner resources to cope with various feelings, and positive understanding of health and wellness. However, the provision of factual information about drugs to preschoolers, one of the goals of this project, is upheld by other researchers.

Bush and Davidson (1982) found that, in the absence of a program that includes factual drug information, children might be expected to exhibit confusion and misinformation concerning drugs and medicine. Results of a study of 112 kindergarten children from five different elementary schools found that 75% of the children answered less than half of the questions on a drug knowledge test correctly, and more

than 75% said they had never taken a drug, even though almost all children have used aspirin or prescription medications.

A report submitted to Congress by the Department of Health and Human Services (Farquhar, 1988) assessed the nature and extent of prevention activities at the local, state and federal levels. The report indicated that the content of substance-abuse-prevention activities is similar across the country, and includes three common objectives: providing knowledge about drugs, improving self-esteem, and developing skills for resisting peer pressure. These objectives are the same as the objectives for the practicum curriculum.

Lecca and Watts (1989) indicate that the cognitive ability of children needs to be taken into account when providing preschool, substance-abuse prevention. Howze (1988) provides results of a panel of substance-abuse-prevention specialists and preschool personnel to show that it is possible to provide factual information about drugs on a cognitive level appropriate for preschoolers. The Hillsborough County, FL Headstart manager for the county's preschool, substance-abuse prevention project assembled 14 community representatives to review existing preschool, substance-abuse-prevention curricula, including this writer's (Judy Simmons, personal conversation, 18 December 1990). The committee brainstormed a list of 16 factors on

which they rated their top 10 choices in order of curriculum content (see Appendix C). The project manager reports that the surprising factor in the committee's top choices was the drug explicitness of the curriculum, with the committee disagreeing with some national experts who oppose a drug-explicit curriculum on the pre-K level. The committee believed it essential to provide explicit information about drugs to counter influences from the media, community, and even the family itself. Considering the writer's goal of providing a preschool, substance-abuse-prevention program that contains factual information about drugs, it appeared that a solution to the practicum problem could safely include factual information about drugs. By this standard, her curriculum would prove to be an appropriate solution, pending fieldtest.

Description of Selected Solution

Looking at available curricula in light of the Board's approval of her recommendation to provide a low- or no-cost program to all the county's preschools, the scope of choice for a curriculum was narrowed. And considering the Board's desire to reproduce a fieldtested, drug-explicit program, the choices became even fewer. The writer found that 13 of 22 available preschool, substance-abuse-prevention programs contained factual information about drugs. Of those 13, only three were free or low cost, and only one, the author's, was reproduceable. As well, the writer had the flexibility to

augment the curriculum with photos and art work, and thus incorporate that aspect of curriculum content into the fieldtest. Finally, the writer is empowered to disseminate the fieldtested curriculum to all county preschools.

The writer acknowledged from the outset of this practicum project that a true fieldtest of a preschool, substance-abuse-prevention curriculum would involve several different programs implemented in several different locations. But her governing Board wanted her to implement her own curriculum, and that provided a major part of the direction to this practicum. Based upon a review of the literature, the writer was confident that the curriculum she was to implement was developmentally appropriate and met the requirements outlined by her governing Board. The curriculum has three content areas: self-esteem, positive peer relationships, and factual information about drugs. The first two are acknowledged by the literature as appropriate and desirable. The third, factual information about drugs, is indicated by many who recommend preschool, substance-abuse prevention as a necessary component of such a program. The writer also was heartened by others' interest in using her curriculum. Both the eight-county Tennessee Headstart group, and the LeMoyne-Owen College project requested this writer's permission to utilize her curriculum with their respective projects. And the Hillsborough County, FL group, in ranking desirability of preschool, substance-abuse

programs, placed this writer's curriculum in the upper half of the 22 programs it studied, with only five points separating it from the top-rated program. Thirteen points separated it from the lowest-rated program.

Report of Action Taken

The report of action taken is best achieved in the chronological context of the timeline that governed the project.

Month One:

1. The writer was to determine the site for implementation, matching the preschool site's racial demographics to the racial demographics of the county at large, and was to work with the director and teachers on a timetable, implementation needs, parent permission, and other pertinent details.

The writer solicited recommendations from the County License Board for Children's Centers and Family Day Care Homes for a fieldtest site. As mentioned in Chapter I, nearly 9% of the county population is non-white (Shermyen, 1990; Social Indicator Report, 1988). Among youths in the county under 18, 83% are white, 17% are non-white. The writer explained the project to the assistant director of the License Board, and asked for suggested preschools with the appropriate demographic mix. The assistant director recommended a preschool that has been in existence for many years in the county, and one whose director she believed

would not only be agreeable to the project, but also more knowledgeable than most of the demands of such a project since the center director was college educated. The writer telephoned the center director, explained the project, and inquired as to her interest. The writer also explained that final site selection was dependent upon the demographics of the preschool. The center director was positive in her interest and agreed to provide demographic data to the writer. The data showed that the preschool population was 74% white, 26% non-white. The center director agreed to meet with the writer to further discuss the project.

The writer then met with the center director to begin the timetable for undertaking the project. The director and the writer agreed to fieldtest the curriculum in a class of about 20 three-year-olds and a class of about 30 four-year-olds. This number is consistent with the population targeted by the writer's governing Board as appropriate for fieldtesting purposes. The writer and the director further discussed securing parental permission. The center director requested that she write a letter requesting permission (see Appendix (D), and the writer agreed, since the center director is the person most familiar to the parents. However, the writer asked that she see the letter before it was sent, and that the director make adjustments as the writer deemed necessary. Some time was spent discussing

possible parental objections and how the director might deal with them. It was expected that the main concerns of parents would be that their children were too young for such information, or that somehow the "authorities" might find out about the parents' own drug use habits.

The writer coached the director on how to respond to these concerns. The writer reviewed the literature for the director that indicated substance-abuse-prevention information can be provided to preschoolers as long as the information is developmentally appropriate. The writer suggested that the director reassure parents that any information on parental drug use given by the child would be confidential, and that no "authorities" were to be involved in the month-long curriculum. In the event the director did not feel capable of responding to parental concerns, the writer would meet with the parents.

The center director indicated an understanding of the need for sensitivity, and also her full support of the project, which she was willing to communicate to parents. As a result, only a few parents refused to grant permission for their child's participation. The director was instructed to remove children without parental permission from the classroom during periods of curriculum implementation. The center director and the writer agreed upon a timetable for pretesting, curriculum implementation (one month), and posttesting. As well, the writer scheduled an evening

training session with the teachers, teacher's aides, director and assistant director.

2. The writer was to work with an evaluation committee consisting of an early-childhood educator, a child-development specialist, a representative from a substance-abuse-prevention program and the director of the selected preschool.

The writer began evaluation committee selection by soliciting names from her colleagues of professionals who work in the various categories and who might be willing to participate in the project. Based upon that input, the writer's list included the center director, the program manager for a county-wide therapeutic preschool program, the supervisor of pre-kindergarten education for the county schools, and a prevention specialist with the county schools' substance abuse prevention programs. All agreed to serve on the committee. Committee members were sent a copy of the curriculum and a letter discussing the project and requesting their attendance at a meeting to provide guidelines for the project.

3. Utilizing the existing curriculum, the writer was to develop necessary art work and photos, typeset materials and layout text. The writer was to print the curriculum for evaluation by the committee and use in the fieldtest.

In order to secure photos for the curriculum, the writer utilized the services of a photographer who agreed to

shoot six black and white photos at a reduced price. The writer had to supply the photographer with the appropriate props. As mentioned previously, the goal was to have three photos illustrating drugs that preschoolers can use if the drugs are given by a physician or trusted adult, and three drugs that preschoolers may not use. The writer decided, based upon the preceding literature review, that three drugs most children have taken at some time included children's vitamins, children's aspirin, and children's cough syrup. These items were purchased at a discount drug store.

The writer decided to use as illustrations of "non-usable" drugs a bottle of liquor, cigarettes, and crack cocaine and a can with which it is smoked. Liquor was chosen because its use was most prevalent among county women whose urine was blindtested on their first prenatal health visit (Chasnoff, Landress & Barrett, 1990). Cigarettes were chosen because they are commonly used. And crack cocaine with its companion can for smoking was chosen because this method of drug abuse results in cans being discarded in areas likely to be frequented by young children, such as playgrounds and alleys. The bottle of liquor and cigarettes for the photos were purchased for use. Crack cocaine, however, could not be purchased for use. The writer checked many sources, including the county schools' substance-abuse-prevention programs, law enforcement agencies, and the national Office of Substance Abuse Prevention, but none had the black and

white photo needed. The writer did learn, however, that one could make a reasonable facsimile of crack cocaine out of soap, and all that was needed for the can through which crack cocaine users smoke the drug was a soda can. Once the props were assembled, the writer gave them to the photographer. He was instructed to make the photos as simple as possible to enhance recognition.

The writer asked an artist with whom she was acquainted if the artist would draw some sketches for the curriculum. The artist agreed to donate her time and materials to do so. The writer asked her to prepare sketches that related to key components of the curriculum, and that would be utilized for pretesting/posttesting. The first curriculum content area to be measured was preschooler's self-esteem as indicated by their responses to pictures of faces depicting common emotions (happy, sad, mad, confused). The second curriculum content area to be measured was preschoolers' peer relationships as indicated by their responses to pictures showing positive (hugging a baby) and negative (fighting with a peer) interactions. The artist was asked to produce these sketches, as well as some additional sketches, to assist the teachers and aides in curriculum implementation.

Typesetting and initial layout of the curriculum was easily accomplished utilizing a desktop publishing program provided at the writer's place of work.

When the evaluation committee met to review the curriculum photos and sketches, they had some concerns. In the photo showing the crack cocaine and can, the soda brand name was easily identifiable. In addition to the ethical considerations of this, the committee was concerned that preschool children would focus on the can, not the crack. However, given the difficulty of securing the photo at all, the committee agreed the writer should go ahead and use it. If the pretesting/posttesting showed modifications were needed, they could be done prior to final printing of the curriculum. The committee also was concerned that the sketches produced by the artist all depicted white faces. This was easily resolved by shading some of the faces.

The committee questioned the absence of parental involvement in the process. The writer explained that the project was not designed to involve parents but that, if results indicated, an adaptation to the curriculum could be made. Aside from these specific comments and criticisms, the committee felt the curriculum and associated materials were ready for use. The writer placed the typeset curriculum in a binder for each teacher, and placed sketches and photos in a pocket in the back so they could be removed easily for use. Each sketch and photo was marked for its intended use in the curriculum.

Month Two:

1. The writer pretested the children on their knowledge of and feelings about drugs, their feelings about themselves as indicated by their responses to sketches depicting emotional faces, and their perceptions of peer interactions as indicated by their responses to sketches depicting positive and negative peer interactions.

Each child to receive the curriculum was shown the six photos of drugs, one at a time, and asked, "What is this?" Each child was then instructed, "Tell me all you can about this." Responses and comments were recorded and have been analyzed in the next chapter. The next day, each child was shown the four sketches representing emotions and directed to "show me how you feel most of the time." The writer then asked each child, "What makes you feel _____?" Choices of emotion and comments were recorded. The following day, the writer showed each child the sketch of a positive interaction (a child hugging a baby) and a negative interaction (two children fighting), and asked, "Show me the best way to get along with others." Responses were recorded.

2. The writer was to train teachers in the use of the curriculum and establish a plan for contact on a weekly basis to permit teachers' ongoing evaluation of the project.

The writer met with the teachers who would use the curriculum, the center director and the assistant director, during an evening the week prior to implementation. The

occasion was deliberately informal to allow the teachers to relax and to feel comfortable in asking questions. The writer chose not to go through the curriculum step by step, since she wanted the teachers to feel free to bring their own styles to the project, and since she also wanted to learn whether the curriculum could be implemented without much teacher training. The writer provided copies of the curriculum to the teachers, discussed curriculum content and provided a synopsis of literature dealing with preschool, substance-abuse prevention. Teachers then were given the opportunity to look through the curriculum and ask questions. One teacher asked if she could bring her own materials to use. The writer instructed the teachers to use the photos and sketches provided for those activities in which they were called for. However, teachers were encouraged to utilize additional materials for other activities.

Another teacher indicated discomfort with a curriculum activity that involves preschool children actually being offered a cigarette. The teacher believed that it was inappropriate for children to be offered a cigarette by an adult whom they have learned to trust. The writer pointed out that the curriculum called for someone other than the teacher or other trusted adult to offer the cigarette and suggested that she would be the one to do the curriculum activity since she was relatively unknown to the children.

The writer asked the teachers if they felt comfortable about using the curriculum with preschoolers (all said yes) and if they felt their own knowledge of drugs was sufficient to allow them to utilize the curriculum adequately (all said yes). The writer encouraged the teachers to approach the new experience positively, ask any questions along the way that they wished, and reminded them that she would maintain weekly contact, either by phone or in person, so that they could have questions and concerns dealt with on a timely basis. The writer also made arrangements for days and times that she would be implementing parts of the curriculum.

Month Three:

1. The writer and the teachers implemented the curriculum.

2. The writer consulted on a weekly basis with the teachers to receive ongoing evaluation and to answer questions that arose.

The only deviation to this plan was that several parents were tardy in giving their permission for their children to receive the curriculum. This required the center director and the writer to gently remind parents, and for the center director, in a few cases, to reassure parents about the content of the curriculum. Teachers provided minimal input during this time and had a few minor questions. One teacher asked the writer and received permission to keep a log of the implementation, because she

preferred to get the total picture before making comments. Mainly input from the teachers, director and assistant director during this time was that "everything's going fine." During the curriculum portions that she implemented, the writer observed that the children's behaviors were in tandem with a properly implemented curriculum.

Month Four:

1. The writer posttested the children on their knowledge of and feelings about drugs, their feelings about themselves as indicated by their responses to sketches depicting emotion faces, and their perceptions of peer interactions as indicated by their responses to sketches depicting positive and negative peer interactions. The posttesting was conducted in the same manner as the pretesting.

2. The writer surveyed the teachers who used the curriculum, the aides, the center director and the assistant director for their opinions. This was accomplished by asking them to fill out a quick survey (see Appendix E) to help them solidify their comments. The writer then met with the group to get their input. Analysis of results appears in Chapter V.

3. The writer analyzed the results of pretests and posttests. For comparison purposes, any child without both results was not considered in the final analysis. Missing posttest results were caused either by withdrawal of the

child from the school, or an extended absence at time of posttest. As well, parents of three children either refused permission or never provided signed permission for their child to receive the curriculum. Consequently, the final number of children's responses totalled 40. Results in chart and anecdotal form are provided in Chapter V.

4. The writer discussed all project results with the evaluation committee. Results of this discussion appear in Chapter V. The writer was to prepare written results for the governing Board and schedule the report for presentation to and acceptance by the Board at its next regularly scheduled meeting. This last facet of the project will occur as soon as the writer's supervisor gives his approval for placement on the agenda.

5. The writer was to refine the curriculum, as indicated, and prepare for the next step in mass distribution to all county preschools.

The writer made significant refinements to the curriculum based upon results of curriculum implementation. Refinements as indicated in the analysis of center staff input and evaluation committee input are discussed in Chapter V. The curriculum then was prepared for final printing (see Appendix F). Printed copies were ailed to each of the 293 preschools in the county, accompanied by an explanatory letter and information on how additional copies can be obtained (see Appendix G).

CHAPTER V

RESULTS, DISCUSSION, AND RECOMMENDATIONS

Results

The goal of this practicum was to provide a field-tested, preschool, substance-abuse-prevention program for all the child care centers and preschools in the writer's county. This intended end product was recommended by the writer to her governing Board in response to a county-wide study showing the increasingly younger age at which the county's children use drugs ("Drug Use and Abuse," 1990) and to a large number of requests for a preschool, substance-abuse-prevention curriculum. The practicum goal is consistent with the governing Board's priority to provide prevention programs in the area of substance abuse. The strategy utilized by the writer involved fieldtest of a curriculum which she developed and which received approval of an oversight committee of early childhood and substance-abuse professionals, but which never had been formally prepared for distribution or fieldtested for use. The strategy involved a one-month curriculum implementation at a preschool with a demographic mix similar to that of the county at large, with pretesting and posttesting of children in the three curriculum content areas. As well, center staff

input and the involvement of an evaluation committee was part of the strategy.

Five outcomes were expected from this practicum project. Results will be given for each outcome in the order in which the outcomes were presented in this report.

Objective 1

The first outcome expected from this project was: The writer will fieldtest her preschool, substance-abuse-prevention program by implementing it with no more than 50 children in a selected preschool whose racial demographics match county racial demographics. This outcome was met.

The curriculum was fieldtested with 47 children, 18 three-year-olds and 29 four-year-olds. Parents of three children either refused permission or never provided signed permission for their child to receive the curriculum, and the children were removed from the class during curriculum implementation. Pretest/postest results were unavailable for seven more children, either because the children were withdrawn from the center, or because they were absent for an extended period at time of posttest. Consequently, even though the curriculum was implemented with 47 children, results of the next three objectives will reflect only the 40 children for whom both pretest/posttest results were available.

The racial demographics of the preschool at the time of program implementation were 74% white, 26% non-white. In the

county at large, nearly 9% is non-white (Shermyen, 1990; Social Indicator Report, 1988). Among youths in the county under 18, 83% are white, 17% are non-white.

Objective 2

The second outcome expected from this project was: Up to 50 preschoolers receiving substance-abuse prevention will show improved identification of drugs.

Change in this area was to be measured by showing each child six photos, three of usable drugs and three of non-usable drugs, to be used in the curriculum. Each child was to be asked, "What is this?" Each child was then to be instructed, "Tell me all you can about this."

A comparison of the number of children able to correctly identify the drugs, as shown in Tables 1 and 2, reveals that for four of the six photos, there was an increase in correct responses from pretest to posttest. One exception was recognition of children's cough syrup among four-year-olds, where correct responses decreased by two from pretest to posttest. As well, no three-year-olds correctly identified liquor on either pretest or posttest.

TABLE 1

Number of three-year-olds able to correctly identify six drugs pictured on pretesting/posttesting

DRUG	3-YR-OLDS PRETEST N = 13	3-YR-OLDS POSTTEST N = 13	CHANGE IN RESPONSES
Child vitamin	4 could ID	5 could ID	+ 1
	9 could not ID	8 could not ID	- 1
Child cough syrup	3 could ID	6 could ID	+ 3
	10 could not ID	7 could not ID	- 3
Child aspirin	0 could ID	5 could ID	+ 5
	13 could not ID	8 could not ID	- 5
Cig-arettes	7 could ID	12 could ID	+ 5
	6 could not ID	1 could not ID	- 5
Liquor	0 could ID	0 could ID	No change
	13 could not ID	13 could not ID	No change
Crack cocaine	0 could ID	5 could ID	+ 5
	13 could not ID	8 could not ID	- 5

It should be noted that of the three-year-olds giving incorrect answers when asked to identify children's vitamins on pretest, seven responded, "medicine," and one responded, "candy." On posttest, four responded, "medicine," and one responded, "candy." Among four-year-olds giving incorrect answers when asked to identify children's vitamins on pretest, one responded, "Flintstones," and one responded, "pills." None responded that way on posttest.

On pretest, no three-year-olds responded, "medicine," when asked to identify cough syrup, but on posttest, four

three-year-olds gave that response. Among four-year-olds, none responded, "medicine," when asked to identify cough syrup on either pretest or posttest.

TABLE 2

Number of four-year-olds able to correctly identify six drugs pictured on pretesting/posttesting

DRUG	4-YR-OLDS PRETEST N = 27	4-YR-OLDS POSTTEST N = 27	CHANGE IN RESPONSES
Child vitamin	8 could ID 19 could not ID	17 could ID 10 could not ID	+ 9 - 9
Child cough syrup	24 could ID 3 could not ID	22 could ID 5 could not ID	- 2 + 2
Child aspirin	7 could ID 20 could not ID	9 could ID 18 could not ID	+ 2 - 2
Cig-arettes	23 could ID 4 could not ID	25 could ID 2 could not ID	+ 2 - 2
Liquor	2 could ID 25 could not ID	14 could ID 13 could not ID	+12 -12
Crack cocaine	0 could ID 27 could not ID	16 could ID 11 could not ID	+16 -16

One three-year-old responded, "medicine," when asked to identify children's aspirin on pretest, and five did so on posttest. Seven four-year-olds responded, "medicine," when asked to identify children's aspirin on pretest, but none did so on posttest.

On pretest, two three-year-olds responded, "beer," when asked to identify liquor, and on posttest, three gave that

response. Among four year-olds, seven responded, "beer," when asked to identify liquor on pretest, but none responded that way on posttest.

These responses were considered incorrect for comparison purposes, but helpful in analysis of the second question, "Tell me all you can about this." Results of responses to that question follow in summary form. The "Discussion" portion of this chapter contains information about the responses in terms of cognitive and moral development.

Vitamins

Both three-year-olds and four-year-olds who correctly identified children's vitamins on pretest responded to the question, "Tell me all you can about this" by saying, "I take one every morning," or, "My mommy gives me one every morning." The children who were unable to correctly identify children's vitamins on pretest tended to respond, "They taste good," if the children had incorrectly identified vitamins as candy, or "Medicine helps make you feel better when you're sick," if they had incorrectly identified vitamins as medicine. On posttest, there were no important changes in the responses from three-year-olds, just as there were none in responses to identification of the vitamins.

Among four-year-olds on posttest, more children not only were able to correctly identify children's vitamins,

but also were able to discuss them as something one's parent gives them to help them be healthy.

Cough Syrup

No three-year-olds responded, "medicine," when asked to identify cough syrup on pretest. When asked to tell the writer what they could about the picture, they either identified the items in the picture as a spoon and bottle, or vaguely referred to drinking liquids. On posttest, almost half of the three-year-olds correctly identified cough syrup, and their discussion of the photo crystallized into comments about "taking it when you're sick."

Four-year-olds showed little change between pretest and posttest, either in their recognition of cough syrup or their discussion of it. Most of them could explain that cough syrup is taken when one is sick and one's parent gives it.

Children's Aspirin

No three-year-olds could correctly identify children's aspirin on pretest. Their responses to the question, "Tell me all you can about this," therefore, were little more than, "I don't know." On posttest, five three-year-olds could identify aspirin and discuss it in health-related terms. Even five of the children who incorrectly identified children's aspirin as medicine on posttest were able to generally talk about its use when one is sick.

Correct identification of children's aspirin stayed fairly constant from pretest to posttest among four-year-olds, as did their discussion of it. In addition to explaining that aspirin can be taken when one is sick, several of the children referred to "having a fever and having to take it."

Cigarettes

Nearly half the three-year-olds could correctly identify cigarettes on pretest and explain that people smoke them. Incorrect answers included "sticks," and "markers," and subsequent discussion centered around those concepts. Among those who recognized cigarettes, several mentioned parents who smoke. Several also added a health warning to their explanation by either shaking their head as they talked or saying, "Cigarettes are bad." On posttest, only one could not identify cigarettes. The rest talked about the cigarettes as "bad for you."

Four-year-olds showed little variation in correct responses from pretest to posttest, and little variation in their discussion of cigarettes. In addition to saying that, "My daddy (or other relative) smokes cigarettes," they said, "People shouldn't smoke. It hurts their lungs."

Liquor

There were no correct responses among three-year-olds on either pretest or posttest identification of liquor. Two children identified it as beer on pretest, and three did so

on posttest. Five identified liquor as "bottle" on posttest. Therefore, their discussion of the photo tended to be vague or simply no discussion at all. Those who identified the liquor as "bottle" talked about drinking liquids.

On pretest, seven four-year-olds identified the liquor as beer, but none did so on posttest. Typical responses on pretest included "soda" and "bottle." When asked to talk about the photo, these four-year-olds talked about drinking liquids. Those who called the liquor "beer" talked about seeing parents or others drinking beer, and a few said they sometimes are allowed a sip. Correct responses increased on posttest and, while discussion content remained relatively the same, many more children added comments that, "You shouldn't drink it."

Crack Cocaine

No three-year-olds could identify crack cocaine and a can for smoking it on pretest, but five were able to correctly identify it on posttest. Responses to the question, "Tell me all you can about this," on pretest centered on drinking soda, since the photo clearly showed a popular soft drink can that had been modified for smoking crack. Posttest discussion among those who incorrectly identified the can and crack cocaine again revolved around drinking soda, if the child identified the photo as one of a soft drink, or around drinking soda and eating candy, if the child identified the fake crack cocaine as candy. Those who

correctly identified crack cocaine on posttest discussed it by saying, "Don't mess with it. It's bad."

The four-year-olds also were unable to identify crack cocaine on pretest, and their discussion responses were quite similar to those of the three-year-olds. On posttest, however, more than half the four-year-olds could identify crack cocaine. When asked to tell what they could about it, most of the children who correctly identified it said, "It's bad and people shouldn't use it."

An analysis of the nature of children's responses appears in the "Discussion" section of this chapter.

Objective 3

The third outcome expected from this project was: Up to 50 preschoolers receiving substance-abuse prevention will show improvement in self-esteem, as evidenced by selection of an "emotion" face to represent how they feel about themselves. This outcome was not met.

Among sketches prepared for use with the curriculum were four faces displaying emotions. One was a happy face, one sad, one mad, and one confused. Pretesting and posttesting involved showing each child the four face sketches and directing the child to, "show me how you feel." Then, each child was asked, "What makes you feel _____?" Table 3 shows the results of choices on pretesting and posttesting, followed by a summary of the factors to which the children attributed their feelings.

TABLE 3

Number of children choosing face sketch that shows their feelings about themselves

FACE	3-YR-OLDS PRETEST N = 13	3-YR-OLDS POSTTEST N = 13	4-YR-OLDS PRETEST N = 27	4-YR-OLDS POSTTEST N = 27
Happy face	9	10	17	23
Sad face	3	3	4	2
Mad face	1	0	5	2
Confused face	0	0	1	0

Except for those children choosing the happy face, no child made the same choice of sad, mad or confused face from pretest to posttest. Such a consistent choice could indicate the need for further inquiry into the child's emotional well-being. When asked, "What makes you feel _____?," there was little variation in factors chosen between three- and four-year-olds.

Happy

On pretest, of the nine three-year-olds who chose the happy face as how they felt, four said it was family members who made them feel that way, three said it was toys and/or playing, one said it was a pet, and one said it was ice cream. On posttest, four said it was family members who made them happy, four said it was toys and/or playing, and two said it was a pet.

On pretest, of the 17 four-year-olds who chose the happy face as how they felt, eight said family members made them feel that way, four said toys and/or playing made them feel that way, two said pets made them feel that way, two said food (cake, cookies, ice cream) made them feel that way, and one said riding in a car made the child feel happy.

Sad

On pretest, of the three three-year-olds who indicated they felt sad, one said it was fighting parents who made the child feel that way, one said it was a broken toy that made the child feel that way, and one said it was "not feeling good" that made the child feel that way. On posttest, the three three-year-olds who indicated they felt sad all attributed their feeling to family problems (parents fighting, arguments).

On pretest, of the four four-year-olds who indicated they felt sad, three said it was family problems that made them feel that way, and one said it was because he had no cookies at home. On posttest, the two children who indicated they felt sad both attributed it to family problems.

Mad

On pretest, the three-year-old who chose the mad face as representative of the child's feelings said not being able to play with a favorite toy caused the feeling. No three-year-olds said they felt mad on posttest.

On pretest, five four-year-olds said they felt mad. Three of them could not say why they felt that way, one attributed the feeling to having to be at school when the child really wanted to be at home, and one said the teacher had been unpleasant to the child that morning. On post-test, two children who said they felt mad were not able to say what made them feel that way.

Confused

No three-year-olds indicated they were confused on either pretest or posttest. Only one four-year-old chose that feeling on pretest, saying it was because the child did not understand why "all these questions" were being asked (referring to the writer asking the child to tell what makes the child feel confused). On posttest, no four-year-olds said they were confused.

Objective 4

The fourth outcome expected from this project was: Up to 50 preschoolers receiving substance-abuse prevention will show improvement in peer relationships, as evidenced by selection of a sketch representing the best way to interact with others.

Among sketches prepared for use with the curriculum were a sketch of a young child hugging a baby (positive peer relationship) and a young child fighting with another young child (negative peer relationship). Pretesting and posttesting involved showing each child the two sketches and

directing the child to "show me the best way to get along with others." Table 4 provides the results of choices.

TABLE 4

Number of children choosing sketch that shows their beliefs about the best way to get along with others

SKETCH	3-YR-OLDS PRETEST N = 13	3-YR-OLDS POSTTEST N = 13	4-YR-OLDS PRETEST N = 27	4-YR-OLDS POSTTEST N = 27
Positive	12	13	27	27
Negative	1	0	0	0

With one exception, all children chose the sketch of a young child hugging a baby as their choice when asked, "Show me the best way to get along with others."

Objective 5

The fifth outcome expected from this project was: Teachers providing the preschool, substance-abuse prevention will rate the method as appropriate and easy to implement. This objective was met.

The writer first asked the two teachers, four aides, center director and assistant director to fill out a survey developed by the writer (see Appendix E) to help the center staff solidify their thoughts. The writer then met with the staff to receive their input. Appendix E contains all the responses provided by the staff. Results and pertinent comments will be summarized here.

Seven of the eight staff members said they would recommend that the fieldtest curriculum be used with all preschool-age children, and five staff members said the curriculum is effective in providing substance-abuse prevention to preschoolers. Four said the curriculum was easy to use, but three aides who did not directly implement the curriculum had no opinion. Seven of the staff members said the curriculum was easy to work into the regular school day. Six staff members felt they had to do a lot of work in gathering additional materials in order to implement the curriculum.

Seven staff members believed that training for teachers is necessary prior to using the curriculum, but all eight staff members agreed they knew enough about substance abuse and drugs to feel comfortable using the curriculum. Specifically, the staff felt training was needed to emphasize the need for confidentiality and a non-judgmental attitude.

Staff members reported they received comments, some negative, from the preschoolers' parents, but the comments came at the beginning of the curriculum and tended to reflect parents' uncertainty about what the curriculum contained. The staff members said that after the parents understood what the curriculum was, the parents had no more comments, and there were no comments from parents at the end of curriculum implementation. Six staff members believed the

curriculum is appropriate for parents to use with their children as long as they are provided specific information on various substances. Seven felt the curriculum could be adapted for parental use.

The staff split evenly on whether the sketches provided were adequate for teachers' use, but five said the sketches in the curriculum were appropriate for preschool children, and five said the photos were both adequate for teachers' use and appropriate for preschool children. One staff member wanted color added to the sketches, another thought the crack cocaine picture was confusing due to the presence of the brand name on the soda can, and another thought both the liquor and crack cocaine pictures were too difficult for the children.

Discussion

Achievement of Objective 1 provides applicability of the curriculum to other preschool populations, since the racial demographics of the fieldtest preschool matched county racial demographics. It was not the intention of the writer to analyze results by specific race or ethnic group. As a study of maternal substance abuse in the county (Chasnoff, Landress & Barrett, 1990) showed, there is no significant difference in the rates of drug use between black and white women studied, nor is there a significant difference in the drugs used by these women. Therefore, it can be assumed that preschool children living in

environments where drugs are used and abused would be affected the same, regardless of color. To analyze outcomes by race would continue a stereotypical perception disproved by the maternal substance abuse study.

Achievement of Objective 2 must be discussed in the context of the children's ages. For this age group, the ability to identify a pictured drug, and their cognitive development as indicated by their responses to "tell all you can" about the photos, give an indication of their "knowledge" of drugs. Children of three and four are engaged in what developmental psychologist Jean Piaget calls "preoperational thought" (Fischer & Lazerson, 1984). At this age, children are not capable of logical thought. They can, however, think about things without acting directly upon them and combine these thoughts into scenarios and social categories. They use both short- and long-term memory, but they are not able to take another person's point of view.

The photo identification for Objective 2 was designed to provide evidence, according to Bloom (1984), that the "instructed" child can either recall or recognize something experienced in the educational process. The "tell all you can" portion of Objective 2 measurement was designed to permit exploration of the children's "knowledge" at a cognitive level appropriate to their development. The writer hoped the curriculum would lead to improvement in the children's ability to recognize the pictured drugs, and in

their ability to understand, as much as their cognitive level permits, that some drugs are usable and some are not.

Results of the the first measurement of Objective 2 indicate improvement in the children's ability to label pictured drugs. However, confusion over some of the photos may mean that a true measure of knowledge did not occur. Responses to "tell all you can" about the pictured drugs provide further insight.

Many children identified vitamins, cough syrup and aspirin as medicine, even on posttest. And several identified liquor as beer. The writer believes that these responses show a general knowledge of the nature of the item, even though for analysis purposes the answers were counted as incorrect. Therefore, preschool teachers who choose to utilize a curriculum such as the one fieldtested for this project may wish to be careful and to be consistent with their descriptions of various drugs. These results also indicate the desirability of further exploring children's understanding of drugs and liquor.

An examination of the two exceptions to the general increase in correct identifications shows that no three-year-olds were able to correctly identify liquor on either pretest or posttest, and that the number of four-year-olds correctly identifying cough syrup decreased by two from pretest to posttest. The writer believes the latter result to be inconsequential when examining overall results. The

former result, however, reiterates the idea that young children may be aware of the nature of an item, but not able to correctly label it.

It is possible that young children are more familiar with beer than they are liquor due to the pervasive exposure of beer on television. But this writer believes that substituting a photo of a can of beer would be fruitless. The children involved in this project tended to misidentify crack cocaine and a soda can for smoking it because they focused on the soda can. Chances are good that a beer can would likewise be misidentified as soda.

Poor recognition of the crack can on pretest, but improved recognition on posttest, indicate to the writer that the children did learn something about this drug as a result of the curriculum. However, the lack of recognition on pretest, coupled with comments from staff members (to be discussed later in this chapter), resulted in the writer changing the photograph for the final curriculum. Instead of a photo with a recognizable soda can, the writer used a photo of a non-labeled can.

Responses to the second part of this outcome evaluation involved asking children to tell all they could about the drugs pictured. While results were not dramatic, posttest discussions about vitamins, aspirin and cough syrup did include a few more comments about health. Responses indicated an increased awareness of taking medicine when one

is sick and when a parent gives it. Discussion of alcohol, cigarettes and crack cocaine on posttest also showed more comments about "saying no." The fieldtested curriculum was intended to produce these two results.

These results also are consistent with the cognitive development expected of children at this age. That is, the children are able to "represent" an item and think about it in relation to another thing or a person, such as a parent. Therefore, the responses that included comments about a parent giving a drug when the child is sick, or about a parent or other relative using the drug, are reasonable to expect.

The responses that included moral or ethical comments (e.g., "medicine helps you feel better when you are sick") also are to be expected from this age group. Kohlberg's theory of moral development indicates that moral judgment depends upon the stage of cognitive development of the child (Fischer & Lazerson, 1984). Children of three and four base their moral judgments on the direct physical consequences of an action to them, and on their own needs. Consequently, something that results in an unpleasant consequence is "bad," while something that results in a pleasant consequence is "good." Physical reward or verbalization of approval is viewed as "good," while punishment or verbalization of nonapproval is viewed as "bad." Some of the children's responses more clearly indicate this stage of

moral development, since they include evidence of moral judgment.

The increase in responses with a "say no" message and/or with health-related comments also carry moral judgments, and may indicate either effects of parental input or effects of the curriculum. The curriculum carries a "no use" message, and verbalizations/rewards from the preschool teacher who is viewed as an authority figure by the child can influence the child's moral view of drug use. For this reason, the beliefs of preschool teachers using the curriculum are important to the success of the curriculum. Ambivalence about either the no-use message or the appropriateness of the curriculum should be considered before using the curriculum.

The third outcome expected was that preschoolers receiving the curriculum would show improved self-esteem as a result of the curriculum, and the fourth outcome expected was that the preschoolers would show improvement in peer relationships. The measures chosen to evaluate these two objectives were self-reports by the children, not objective evaluations by trained professionals. Consequently, to draw conclusions without objective evaluations would be misleading.

What can be understood from the results is that there was little change from pretest to posttest in children's choices of faces representing how they feel most of the time

and in their choices of sketches depicting ways to interact with others. It appears that the fieldtest children are familiar with the best way to get along with others, and that most of them feel good enough to choose a happy face as indicative of how they feel. Analysis of the children's answers to telling "what makes you feel _____?" shows that for many children, these responses are situation-specific, even though the instruction was to "tell me how you feel most of the time." Many of the children's answers directly related to something that occurred at preschool that day, or to something that had occurred at home. Using objective evaluation measures to further study the areas of self-esteem and positive peer relationships as they relate to preschool drug prevention might yield interesting results.

The lack of dramatic changes in these two areas is not discouraging. As the writer pointed out in writing the curriculum (Howze, 1988), these two areas should be a part of a general preschool curriculum and should be reinforced on an ongoing basis. However, the research for this practicum overwhelmingly supports the inclusion of self-esteem building and positive peer relationship activities in substance-abuse prevention. To neglect these areas on the chance that a preschool might already be providing them would be foolish. It also would overlook the possibility that the substance-abuse prevention curriculum could be utilized as a unit by a parent or a family day care home

provider who might not be routinely engaged in these sorts of activities. Excluding these areas from a preschool, substance-abuse-prevention curriculum also would not accurately reflect their importance in helping a child resist drug use.

The opinions of the teachers and staff members using the curriculum were defined in the fifth objective. Their responses were particularly helpful due to the staff members' prior training and knowledge. Input from the staff members at the fieldtest preschool led to several modifications in the final curriculum.

Training prior to using the curriculum was considered by some staff as desirable. While the staff believed they knew enough about substance abuse, they felt preschool teachers using the curriculum would need assistance in understanding the need for confidentiality and a non-judgmental attitude. The staff also agreed that the curriculum could be adapted for use by parents as long as sufficient information on substances commonly abused was included. Staff also indicated the desire for further materials to use in implementing the curriculum.

The writer believes it impossible to provide training to all preschool teachers who might eventually use the curriculum. But she agreed with the recommendations of staff members that specific information needed to be included. As a result, the writer modified the curriculum to include a

section for preschool teachers on how to use the curriculum, a section on substances commonly abused, and a list of available books and videos to augment the curriculum. To assist parents, a section addressed to them was added.

The staff members generally believed that the sketches and photos were appropriate for preschool children, and half the staff members felt the sketches were adequate. As a result, and due to the constraints of this project, the only change made to this portion of the curriculum was to replace the photo of "fake" crack cocaine and a recognizable soda can with "fake" crack cocaine and an unlabeled can. It is hoped this solution also will cause less confusion among children whose recognition of the soda can label obscured their focus on the crack cocaine.

Once these changes were made, the writer presented all results and a draft version of the final curriculum to the evaluation committee. Committee members endorsed the final product as ready for use, even though it may not include all the factors indicated as desirable by some of the staff members. For example, adding color to the sketches would be quite costly and not within the scope of the project. The committee believe the curriculum as adapted exists quite nicely as a unit, but also serves as a starting point for any teacher or parent who wishes to embellish upon it.

In summary, results from this practicum project indicate that preschool, substance-abuse prevention can be

provided through a curriculum that emphasizes factual drug information, positive peer relationships and self-esteem enhancement. Children as young as three can learn to recognize various drugs and can learn to say that some drugs are okay for use if a parent gives them to enhance a child's health, but others are not okay for use. The curriculum components to enhance self-esteem and positive peer relationships may not bring about measureable results, but they should be included in such a curriculum for those users who may not routinely emphasize these two areas. Finally, center staff members' input and results of outcome objectives led to changes in the curriculum. A final draft copy before printing was approved by an evaluation committee of professionals as ready for dissemination to the 293 preschools and child care centers in the writer's county.

Recommendations

The writer has two recommendations that could benefit others who wish to implement a preschool, substance-abuse prevention curriculum:

1. Include factual information about drugs on a developmental level appropriate for preschoolers, and build upon the work done here so that the component on drugs is expanded. The writer would encourage continued efforts toward finding photos of drugs that are easily recognized by preschoolers. The writer also reiterates the importance of a

preschool, substance-abuse-prevention curriculum that emphasizes self-esteem and positive peer relationships.

2. Actively engage the support and even participation of the parents. While this was not a goal of this particular project, both the literature review and personal conversations with others interested in the topic yielded a desire to involve parents. The amended curriculum presented here includes a portion for parents, but it is only a starting point. There has been much written on methods for engaging parents in preschool activities, and this writer would welcome adaptation of those methods to this topic area.

Dissemination

As mentioned earlier in this report, the writer has received 71 requests for information on a low-cost, effective, preschool, substance-abuse-prevention curriculum as a result of the curriculum report being listed in the Educational Resources Information Center data base (Howze, 1988). Each of these 71 requests already has been answered with a preliminary copy of the curriculum, with a final version to be mailed upon completion of printing. Also mentioned earlier was use of the curriculum in a housing project near LeMoyne-Owen College in Tennessee, and in an eight-county Headstart region in east Tennessee. The writer intends to solicit the results of these two efforts to compare them to her own.

Once the final curriculum is printed, it will be mailed to each of the 293 preschools and child care centers in the writer's county. The explanatory letter accompanying the curriculum (see Appendix G) asks for input from those who use the curriculum. Additional copies also will be available for those who request more. The writer is actively pursuing opportunities to share the results of this project through annual conferences of professional organizations such as the National Association for the Education of Young Children and through local training opportunities provided by the Training Center of the writer's governing Board. The writer strongly believes in the concept of prevention starting at an early age, and is pleased that a substance-abuse curriculum is available at no cost. When appropriate, the writer will utilize available opportunities to tell others of the results of this project.

Finally, the writer has been contacted by the chief of police of a community located within the county. The chief of police has been aware of this practicum project and wishes to extend the project within his community. Specifically, he wants to utilize the curriculum in the preschools and family day care homes located within the community, whose population is 10,000 permanent residents, and add a parental involvement component. He proposes using a community resource officer to work with the parents in tandem with implementation of the curriculum in the

preschools and family day care homes. The officer also would serve in a resource capacity to the preschool personnel. The chief of police also wishes to provide additional materials and informational items and, based upon a discussion of the results of this practicum project with the writer, perhaps reprint the curriculum with color pictures and/or additional pictures and photos. He has asked for the assistance of the writer and her agency, which will be provided. The chief of police is willing to help others within the county implement similar projects based upon the results of his plan. Thus, extension of this practicum project already has begun, and promises exciting opportunities for the future.

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APPENDIX A

PROPOSED PRESCHOOL, SUBSTANCE-ABUSE-PREVENTION CURRICULUM

It is recommended that each goal be implemented for at least a 15-minute period during a daily circle time. Due to their nature and depending on class size, some activities may require longer than 15 minutes; teachers should adjust their classroom schedules accordingly. It is recommended that each goal be allotted at least one week of implementation. This time period may vary according to need, children's developmental levels and number of objectives and activities. Activities provided are designed to accomplish the objectives for each goal and may be repeated frequently, since repetition is an important part of any preschool curriculum. Appropriate fingerplays, songs and books should be included daily. Activities may be enhanced by the use of guest "experts" such as doctors, psychologists, substance abuse prevention specialists, etc. The author acknowledges that many activities (such as those dealing with positive interactions with people and self-esteem) should be reinforced on a daily, ongoing basis and encourages teachers to do so.

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GOAL: To Assist Children 2 to 5 in Improving Their Self-Esteem

OBJECTIVES:

After all activities have been implemented, the child will be able to:

List ways he/she is special.
Recognize and name at least three major feelings.
Identify ways of managing difficult feelings.
Name people who can help him/her manage his/her feelings.
Name several emotions that are healthy and make him/her feel good.

ACTIVITIES:

1. At the beginning of this goal's implementation, take each child's picture and talk with each child about what makes him/her special. Mount the child's picture along with his/her comments and display in the classroom. Refer to the pictures throughout the goal's implementation when children display characteristics they have highlighted for themselves or when activities dovetail with those characteristics.

2. Insert a mirror big enough for the children to see themselves in the bottom of a large brown bag. Inform the children there is "something special" in the bag and tell them each may look one at a time as you pass the bag around. As you pass the bag around, sing the following song to the tune of Are You Sleeping?

I am special, I am special.
If you look, you will see.
I am very special, I am very special.
Look it's me! Look it's me!

Discuss what makes each child special. Hand each child his/her photo and let him/her tell the other children what makes him/her special.

3. Weigh each child and measure his/her height. Ask him/her to draw a picture of himself/herself. Ask him/her what his/her favorite things. On a large sheet of paper, mount the child's drawing along with his/her statistics and favorites. Display in the classroom.

4. An appropriate way to talk about feelings is to sing If You're Happy and You Know It. Make a face corresponding to the emotions of happy, sad, angry, confused, and ask children what your face looks like each time. Discuss instances where children might experience each of these emotions.

5. Present pictures of things that make children happy. Discuss. Have children close eyes, remove one picture, and ask them to look and see what's missing. Do likewise on succeeding days with sadness, anger, confusion. (PICTURES AVAILABLE FOR USE ARE IN BACK OF CURRICULUM PACKET.)

6. Discuss with children how people look when they are sad, happy, angry, confused, and how they feel. Present children with four simple faces depicting happy, angry, sad and confused emotions. Taking turns, ask each child to place a

face on the appropriate matching expression. (PICTURES AVAILABLE FOR USE ARE IN BACK OF CURRICULUM PACKET.)

7. Tell short stories and ask questions about how the characters felt. Discuss which emotions tend to make people feel good and which make people feel bad. For more sophisticated children, paste happy, sad, angry, confused faces on a small square box and invite each child to toss the box in the air. Ask each child to tell a story about the emotion that lands on top.

8. Make a board with four pockets depicting happy, sad, angry and confused faces. Using simple pictures of events familiar to the child, ask each child to place the event picture in the appropriate pocket. Discuss.

9. Play a game by having one child portray an emotion and the others guess what it is. Discuss how the child looked when he/she showed the emotion, and how he/she might have felt. Ask the child to name appropriate people who can help him/her manage the feeling. Discuss.

10. Discuss with children what to do when they're experiencing an unfamiliar emotion or a powerful feeling. Include solutions such as playing outside, listening to music, looking at a book, pounding a pillow. Role play situations and let children come up with appropriate ways to manage emotions. In conjunction with this activity, let children decorate brown paper bags, stuff with newspaper and tie with yarn. Each child then has a "punching bag" to take home and use when he/she feels angry.

GOAL: To help children 2 to 5 develop positive relationship skills for resisting peer pressure

OBJECTIVES:

After all activities have been implemented, the child will be able to:

Name parents, teachers and friends as people to turn to in times of stress.
Demonstrate three ways of interacting positively with people.
Relate three things that could happen when he/she does not interact positively with people.
Choose healthy and/or positive solutions to personal and social problems.
Correctly express a need for help or assistance.

ACTIVITIES:

1. Select several items that represent mothers and place in opaque bag. Tell children that in the bag are some things that a mother would use, and that the class is going to play the guessing game, "What's in the Bag?" As children guess items in the bag, remove the item and discuss how and why mothers use it. Emphasize positive aspects of motherly behavior. Repeat activity for fathers, children and teachers, using discussion to highlight positive ways these people interact.

2. Place a picture of a mother, father, child and teacher in front of the children. In a box, place pictures of several events when a child might need assistance, such as being hurt, being approached by a stranger, being offered a cigarette, being angry. Invite each child to choose a picture from the box and discuss what is happening. Then ask the child to place the event picture on the picture of the person he/she would ask for help. Discuss. (PICTURES AVAILABLE FOR USE ARE IN BACK OF CURRICULUM PACKET.)

3. Play a variation of the popular "Bear Hunt" game by telling the children they will be going on a "Help Hunt." Using appropriate gestures and sounds, take the children on a imaginary trip, such as to the supermarket or to the park. Along the way, present children "dilemmas" such as getting lost in a big store, being approached by an older child who wants to sell drugs, being encouraged by an older sibling to do something uncomfortable, etc. Ask what they would do and direct discussion to positive approaches to problems.

4. Tell children to sit in a circle because you have something to pass around. Hug the child next to you and whisper in his/her ear to do likewise and pass the instruction around. Discuss how the children feel. Do likewise with handshakes, smiles, etc., being careful not to initiate activity that might be uncomfortable. Discuss how hugs, smiles, handshakes make people feel good and are a positive way to interact with people.

5. Recalling the previous activity of positive interactions, present a picture of some event that depicts a negative interaction, such as children fighting over a toy. Ask children how those in the picture might feel as a result of the negative interaction. Ask children for a positive substitute to the negative interaction. Repeat with other pictures of negative interactions.

6. Make a big smile on a piece of paper and a big frown on another piece of paper. Using pictures from the previous activity and pictures of positive interactions, ask children individually to place a picture on the appropriate feeling it evokes – whether the interaction would make them smile or frown. Discuss.

7. Set up "centers" around the room that represent healthy and/or positive solutions to children's personal and social problems. Point out the "centers" to the children and discuss why they represent positive solutions. Choose one child to be "it". Present the child with a personal or social problem that might happen to him/her. Ask him/her to choose a "center" that represents a comfortable solution to him/her and tell why. Discuss.

8. Using dolls or puppets representing familiar figures to the child (i.e., father, mother, child), act out a personal or social problem. Ask children to tell how he/she would solve the problem. Repeat with other problem situations.

9. Discuss with children the correct ways of asking for help or assistance. Take children for a walk around the center and tell them while they are out they will have several chances to use those skills. Prearrange with other staff members to play-act scenarios in which children would need to ask for help. For example, arrange to have a gate through which children enter the playground locked, and the maintenance person nearby. Pose the problem to the children and invite one to ask the maintenance person for assistance. Another scenario might involve a teacher who has lost something. Carefully presented, a scenario could include coming upon someone smoking a cigarette and offering one to the children.

GOAL: To provide children 2 to 5 with factual information about drugs

OBJECTIVES:

After all activities have been implemented, the child will be able to:

Recognize and name at least three drugs out of five.
When given the name of a drug, to label it a usable or not usable drug.
Say no to drugs that could harm him/her when offered by inappropriate people or in inappropriate circumstances.

ACTIVITIES:

1. Discuss what drugs are, and make the distinction between drugs prescribed by a doctor and purchased at a pharmacy and drugs offered by an abusing parent, older sibling or friend. Provide examples of drugs such as aspirin, rubbing alcohol, empty can of beer, pack of cigarettes, picture of crack cocaine, making certain to include examples of "accepted" drugs among the choices. Place in a line and ask children to close their eyes. Remove one item, choose a child and ask him/her what's missing. Continue with remainder of children. (PHOTOS AVAILABLE FOR USE ARE IN BACK OF CURRICULUM PACKET.)

2. Place in front of the children a doctor's bag or first aid kit and a trashcan. Using examples of drugs from previous activity, discuss drugs again and ask children to place drugs in appropriate receptacle.

3. Make a mouth and paste on a box, cutting an opening so that items may be inserted through the mouth into the box. Make another mouth and paste on a box, but make no opening. Explain to the children that the open mouth represents a place for drugs that they may use when the drugs are given by a doctor, nurse, caring parent, etc. The other represents a place for drugs that are not distributed by a doctor, nurse, etc. Give children examples of drugs and ask them to put in the appropriate place. Discuss.

4. Discuss with the children saying "no" to drugs offered by inappropriate people or in inappropriate circumstances. Using puppets or dolls, play-act situations in which the children might be offered drugs. Encourage the children to shout "yes" to appropriate situations and "no" to inappropriate situations.

5. Give each child several tokens that represent "yes". Present pictures of appropriate and inappropriate people who might offer drugs and appropriate and inappropriate circumstances in which drugs might be offered. Discuss each picture and invite children individually to decide whether each situation merits a "yes" token or not. Invite children to place tokens on appropriate situations.

APPENDIX B

BUDGET INITIATIVES MEMORANDUM TO BOARD

TO: Juvenile Welfare Board Members

FROM: James Mills, Executive Director
Browning Spence, Director, Community Services BDS 82

SUBJECT: Budget Initiatives

DATE: June 28, 1990

At the March 8, 1990 Board meeting, three initiatives (Intergenerational Initiatives Expansion, Pre-school Substance Abuse Prevention, and Youth Involvement) were selected for further review and development. Staff was directed to return with more program details and budget estimates. The initiatives process allows the Board the opportunity to identify priorities in continuing its leadership role in new and innovative programming. The following is a breakdown of the cost estimates for each of the initiatives.

BUDGET INITIATIVES	COST
I. Intergenerational Expansion	
A. Intergenerational Conference	$ 2,500
B. Pinellas Generations United	4,500
C. Intergenerational Library Special Collection	3,500
D. Special Project: Intergenerational Child Care	41,500
II. Youth Involvement	6,800
III. Preschool Substance Abuse Prevention	
A. Option I	5,000
B. Option II	$ 8,000

The total cost estimate for the three initiatives is $66,800. Staff are recommending $50,000 be available for the initiative process. The Intergenerational Expansion Initiative is structured with four autonomous components, therefore any, all or none of the components could be selected.

INTERGENERATIONAL INITIATIVE

The Juvenile Welfare Board adopted an Intergenerational Program Initiative in FY 89-90 in response to the findings resulting from a community-wide survey on intergenerational issues during the spring of 1989. As a result of the initiative the following activities have been undertaken by staff in cooperation with the Area Agency on Aging and other community agencies.

A. Intergenerational Resource Center

A task force of community representatives was appointed from aging and child serving agencies to review and recommend the purchase of resources for the Intergenerational Special Collection. Books, videos, curriculum materials and journal subscriptions have been purchased.

B. Community-wide Intergenerational Conference

A conference was co-sponsored by JWB and the Area Agency on Aging (AAA) with guest speakers from Child Welfare League of America and Temple University Institute on Aging. Approximately 100 community professionals participated in the 8 workshops. Over 60% of the attendees requested to participate in any further intergenerational planning activities.

C. Linking Lifetimes

A mentoring program matching middle school boys with mentors 55 and older began operating January, 1990 and is a collaborative effort between JWB, Gulf Coast Jewish Family Services and Boys Clubs of Pinellas County. The Mott Foundation and JWB provide the program funding.

1990/91 INTERGENERATIONAL INITIATIVE EXPANSION

The following are suggested activities to further develop intergenerational activities in Pinellas County IN FY 90/91.

A. To co-sponsor a second Intergenerational Conference

The JWB successfully co-sponsored with the Area Agency on Aging a conference highlighting intergenerational programs in Pinellas County. The conference would again be co-sponsored by JWB and AAA. The theme of the conference would be uniting the resources. Workshops would focus on program models and policy development beyond Pinellas County. A request for papers would be distributed to child and elderly services providers for possible workshop topics.

Cost: $2,500

B. To provide support for the development of "Generations United of Pinellas County."

The National Council on Aging and Child Welfare League of America joined together to form Generations United which is a national coalition on intergenerational issues and programs. The major goals of the program are:

- o To increase the awareness of the public and affiliates of the more than 100 member organizations of the common issues faced by Americans of every generation.
- o To produce and disseminate programmatic information and materials for the member organizations, their constituents and the public that demonstrate the value of intergenerational cooperation and stimulate such cooperation;
- o To participate in endeavors that bring the generations together for service to the community and to one another; and
- o To unite on public policy efforts at national, state and local levels on key public policy issues that address human needs across all generations.

Funding is requested to provide support for the development of a Pinellas County Coalition. A local coalition provides a vehicle through which a state or community can organize, initiate, prioritize and promote awareness, programs, and policies that benefit all generations. The effort would be coordinated with AAA. A VISTA volunteer or student intern would be recruited to organize the effort through JWB. The position would be responsible for developing a mailing list, organizing meetings, scheduling agendas, developing an intergenerational newsletter identifying key issues and generating interest in the coalition. The cost includes a stipend for interns and operating costs (mailings, travel, and printing). If a VISTA volunteer is recruited, VISTA will pay the salary and JWB will cover costs such as travel and other operating expenses.

Cost: Up to $4,500

C. To provide funds to support the continued development of the Intergenerational Special collection.

The library has developed an intergenerational special collection consisting of videos, books, journals, bibliography of written materials and programs. Networking has begun with other Intergenerational Resource Centers nationwide. We would like to continue this effort in FY 1990-91 with the library allocation which would support the purchase of additional resources including day care curricula, videos, books and journals.

Additionally there is a need to develop an inspirational video to stimulate interest in intergenerational programs. The use of the Pinellas County Intergenerational chorus, under the direction of Jack Hartmann is recommended. 85

Cost: $3,500 - $2,500 for library materials
$1,000 for production costs of the video

D. To provide funding for an Intergenerational Child Care Specialist

A new position would be created in a child care agency that would be responsible for developing intergenerational child care programs for both pre-school and latchkey aged children. The program would concentrate on targeted and established child care providers that are strategically located near retirement areas. The resource person would coordinate volunteer recruitment and retention activities; develop training activities for volunteers and center staff working with pre-school and latchkey aged children; and the identification of possible curricula available for each age group. The coordinator will work closely with the Volunteer Action Center for volunteer recruitment and the Pinellas County License Board for the selection of interested child care providers. The ability of a child care center to absorb these functions once they have been established will be assessed. Larger centers, or centers with an established volunteer component, may eventually be able to assume full responsibility for the function once the initial development work has been completed. Other centers may not be able to assume this function unless it is done by additional staff of their own or from a coordinating organization.

The expected program outcomes would include an increase in activities offered to children; increased intergenerational activities benefiting children and seniors; and bridging the gap between members of community. The program would be established as a three year demonstration program and reviewed annually for effectiveness.

The costs includes one full-time professional position ($26,000) and part-time clerical support ($3,000); administrative and operating costs such as travel, conferences, operating supplies, copying, background checks, indirect costs, etc. ($12,500).

Total Cost: $41,500

BEST COPY AVAILABLE

Preschool children are becoming aware of drug and alcohol issues and often acquire incorrect information. Research has shown that certain substance abuse prevention strategies are adaptable for the 3-to 5-year-old population. A new project could be initiated to develop this concept with Pinellas County preschoolers.

The preschool substance abuse prevention/intervention project is an outgrowth of a project begun by a JWB staff member as part of a master's degree program. This master's project yielded a preschool substance abuse curriculum composed of goals, activities and objectives in three key areas: development of self-esteem, promotion of positive peer relationships, and factual knowledge about drugs. The curriculum was developed and written in conjunction with a committee that included a child care center director with a doctorate in early childhood education; a preschool teacher of 14 years; a substance abuse prevention expert with the county's Drug Free Schools project; and a staff member of Operation PAR's Child Development Center who has training in both substance abuse prevention and early childhood intervention. With the addition of art work, layout and printing, the preschool substance abuse prevention curriculum is ready to be implemented to determine its effectiveness.

This project proposes to implement in a child care center the month-long curriculum researched, written and designed for 3- to 5- year-olds. The program includes various activities such as songs, games, role playing and other learning experiences during "circle time" each day. The chosen population would be pre-tested prior to implementation of the curriculum for their factual knowledge about drugs, their self-image concept, and their positive peer relationships (the three focus areas of the curriculum). The group would be post-tested. A comparison of results from pre- and post-tests should indicate the effectiveness of the curriculum or reveal areas in which improvement is needed. Teachers would be provided assistance with implementation of the curriculum and would be asked to provide some help with pre- and post- testing. A technical assistance committee consisting of an early childhood educator, child development specialist, and representative from a substance abuse prevention program will help evaluate the results.

Assuming successful results, the curriculum could be duplicated for use in all county centers and preschools desiring to utilize it. Areas for project expansion/follow-up include: modification of materials for parent use, further adaptation of the preschool substance abuse prevention for at-risk populations, and training for preschool teachers.

Two options for program implementation exist. The model curriculum was developed by a JWB staff member and could be implemented by that person. For this strategy (option one) additional funding would include only production and duplication, grants to the participating center and/or teachers for implementing the curriculum, and distribution. Option two entails the development of a request for proposal for another organization to implement the curriculum. Additional costs for staff time for the implementing organization would be required.

BUDGET

	Option One	Option Two
Preparation and design of necessary art work and materials, typesetting of copy	$1,000	$1,000
Teacher/center stipends for staff time for training pre and post testing of materials, and implementation of curriculum	$1,500	$1,500
Reproduction of curriculum (2000 copies)	$1,000	$1,000
Development and reproduction of parent guide	$1,000	$1,000
Distribution of materials	$ 500	$ 500
Staff time to oversee the project, teacher training, analysis of project	0 (in-kind JWB staff)	$3,000
TOTAL	$5,000	$8,000

YOUTH INVOLVEMENT INITIATIVE

Youth today live in a complex society. No longer is it feasible or wise for them to be concerned only with their immediate surroundings when, in fact, decisions made at County, State and National levels affect them. Therefore, it is not only preferable but necessary, that they have a say in formulating policies that will impact their lives in the present as well as in the future. Doing so will provide them with experience needed as adults to make informed decisions concerning social and economic policies.

Some prior efforts to involve youth in policy making committees have failed primarily because of three basic barriers: time, travel, and over commitment. Historically, time and travel issues have prevented youth from participating in activities occurring during the normal business day. In addition, getting and sustaining youth involvement has some inherent difficulties of its own. Youth are frequently provided such a vast array of opportunities for extracurricular involvement that they sometimes find it difficult to become involved in as many as they might like and still attend to their primary responsibilities in their role as students. This contention was supported by remarks made by participants of this year's highly successful "Making the Grade" Program. Those youth indicated an interest in follow-up participation but stated that they realistically had no time for any additional extracurricular activities. In order to facilitate youth involvement in policy making committees these barriers must be addressed. Therefore, to maximize this proposed youth involvement initiative's potential for success it is suggested that these issues be resolved in the following manner.

Through linkages with other organizations such as the Pinellas County School System, United Way and the Voluntary Action Center the Juvenile Welfare Board proposes to develop a network similar to leadership programs in the county but for high school students only. Such a youth leadership program would serve as a means to achieve cohesiveness and a sense of commitment among the youth invited to participate.

The youth leadership program would begin with a workshop at which the youth would receive a packet of information concerning the goals and objectives for the year for the youth leadership program and an explanation of YSAC, a calendar of meetings and events and a detailed outline of their assignments and responsibilities. Specifically, two-three youth would be assigned membership on each of the existing YSAC committees. Through attendance and participation in these monthly YSAC meetings youth would be given a first-hand lesson in decision and policy making procedures as well as a better understanding of issues of concern to youth and families today. In addition to attending regular monthly meetings of their assigned YSAC committee, all of the youth involved in the youth leadership

program would attend quarterly meetings of the total youth leadership membership. During this time the youth would share their experiences and insights gained from their participation in the YSAC committees with each other and with the YSAC Coordinator. Opportunities to attend training sessions and workshops would also be available with money specifically budgeted to cover these expenses. The youth chosen to participate in this project would reflect the various racial, cultural and socio-economic complexions of Pinellas County. To the extent possible, youth selected will be active participants of various youth groups such as the YWCA, YMCA, 4H, Red Cross, SADD, etc, so that they will be able to share their youth leadership/YSAC experiences with their constituents and vice versa.

Since most YSAC committees meet during regular school hours, in order to assimilate the youth into them it would be necessary to secure the cooperation of the Pinellas County School System. Preliminary contacts with various Pinellas County School officials have indicated an interest in assisting with this initiative. Specific avenues being pursued at this time include meetings with representatives of the International Baccalaureate Program, Executive Internship Program and the Secondary Social Studies Department. Conceivably social studies credit could be given to youth who are involved in YSAC and the youth leadership program.

Parent support and involvement would be an integral part of this project. Not only would parental permission be needed to secure school release time but in some cases, parents would actually need to provide transportation for their children. Money would be available for travel reimbursement and it is also possible that some youth could secure rides with other YSAC committee members as well as with each other.

It is recommended that the group size be limited to no more than 18 to allow for close interaction and relationship building. It is anticipated that some youth involved in this initiative would have a two year membership so that there would be some continuity from year to year. Other youth would only have a one year involvement so that in essence each year one group of students would be leaving and another would be arriving. It is also planned that graduates of the Program will serve as mentors and coordinators of special projects jointly developed and sponsored by JWB, United Way and the School System.

Assimilation into the existing YSAC committees is preferable to the establishment of an all youth YSAC committee in order to provide the youth with an opportunity to interact with adults and to ensure that they are not operating in a vacuum void of adult experience and opinion. Thus, incorporation into the existing YSAC committees structure will provide them first hand experience in such intergenerational and experiential interaction. Equally important is the fact that two - three youth be assigned to each

committee, so that no youth is placed in a position of isolation among adults without some peer support.

The primary purpose of this initiative is to secure the perspective of local youth and incorporate their ideas into the Juvenile Welfare Board's planning process. This should result in better, more effective programs and policies which were partially developed by those whom those programs are intended to serve and benefit.

Various methods will be used to provide on-going program evaluation. Specifically, the attendance patterns of youth, individually and as a group, will be monitored and compared to the attendance patterns of other YSAC committee members. The program will be deemed successful if, by the end of its second full year of operation, the attendance rates of its members as a whole, meet or exceed, those of other YSAC Committees as a whole. In addition, a survey will be designed and disseminated at all of the quarterly youth leadership meetings to determine how well the youth feel the program is achieving its goals. A year end Program Satisfaction Survey will also be administered during the first two years of the program to determine how it is perceived by the youth involved, their parents, teachers, group leaders and other adults involved in the program's activities. Other evaluative criteria will be developed as needed and appropriate.

BUDGET

Workshop - food, lodging, speaker	$2,000.
Transportation - buses for field trips, travel reimbursement, meals, etc.	3,000.
Program materials - supplies, duplicating, etc.	1,000.
Year end meeting - banquet/recognition	800.
	$6,800.

APPENDIX C

DESIRABLE CURRICULUM CONTENT RANKED BY HILLSBOROUGH COUNTY, FL HEADSTART COMMITTEE

The Hillsborough County, FL Headstart convened a steering committee of 15 adults to direct implementation of its preschool, substance-abuse-prevention project. The committee decided to brainstorm a list of criteria to rate existing materials. Their criteria were:

1. Promotes self-esteem /
2. Encourages family involvement
3. Teaches problem-solving skills
4. Teaches wellness concept
5. Teaches expression of feelings
6. Is age appropriate
7. Teaches asking for help
8. Promotes personal values
9. Is drug explicit
10. Teaches avoidance skills

APPENDIX D

LETTER OF PERMISSION TO PARENTS

Dear Parent:

(Name of preschool) has been chosen to participate in the (Name of writer's agency) Preschool Substance Abuse Prevention Curriculum Initiative. We are very excited about the opportunity to be involved with the development of a program that may ultimately contribute so greatly to the prevention of substance abuse in children. It is our hope that, as parents, you are equally as concerned as we are with the growing problem of substance abuse in young children, and that you realize the necessity for such a valuable program as part of a preschool curriculum.

During the coming months, several things will be happening. Our staff will be involved in testing, and training to enable them to better present the curriculum, as well as make evaluations. The curriculum contains activities designed to improve a child's self-esteem and peer relationship skills, and provide factual information about drugs. The curriculum will be used over a one-month period. Before and after the curriculum, we will use simple ways to assess the children's self-esteem, peer relationship skills, and knoledge of factual information about drugs. Your written permission is required for your child to participate. Using this curriculum at (Name of preschool) will help (Name of writer's agency) with its plans to provide the curriculum to all preschools in (Name of county) in the future.

Once again, we are very excited about this opportunity and hope you will be, also. As caretakers of young children, we are very much aware of the need for prevention of substance abuse. We sincerely hope that, with your cooperation, we can be instrumental in the development of a very valuable program.

Thank you for your time and participation.

Sincerely,

Name
Executive Director

APPENDIX E

TEACHER EVALUATION SURVEY RESULTS

TEACHER EVALUATION OF PRESCHOOL SUBSTANCE ABUSE PREVENTION CURRICULUM

Thank you for agreeing to implement the preschool substance abuse prevention curriculum on a trial basis in Pinellas County. Your thoughts and feelings about this trial implementation are important. The Juvenile Welfare Board plans to make this curriculum available to all child care centers in Pinellas, and your comments will help us know what changes, if any, need to be made.

Please take a few minutes to give your opinion about the following statements. If you have no opinion, please tell why. If you have additional comments, please feel free to indicate those, too. Thank you!

1. The preschool substance abuse prevention curriculum can be easily implemented by preschool teachers without any training.

Agree *3* No Opinion *0* Disagree *5*

Comments, please:

Some training is very important - just to be able to talk with other staff members or executive director about the program to ask questions. It takes time to get everything ready.

2. The preschool substance abuse prevention curriculum is effective in providing substance abuse prevention to preschoolers.

Agree *5* No Opinion *1* Disagree *3*

Comments, please:

Younger children, no. Older 4s and 5s, yes, for some children.

How are we supposed to know if it has been effective if we are not around them when they leave the school?

3. The preschool substance abuse prevention curriculum can be adapted so parents can use it with their children.

Agree *7* No Opinion *0* Disagree *1*

Comments, please:

4. The preschool substance abuse prevention curriculum was easy for me to use.

Agree *4* No Opinion *3* Disagree *1*

Comments, please:

Need more planning time. Need additional teaching aids.

I was not in charge to lead the curriculum.

Only the head teacher was allowed to use the prevention curriculum.

I did not exactly use the program with the children.

5. Even before I received training about this curriculum, I knew enough about substance abuse and drugs to feel comfortable using this curriculum.

Agree *8* No Opinion *0* Disagree *0*

Comments, please:

6. I received comments about this curriculum from my preschoolers' parents.

Yes *4* No *4*

Comments, please:

Before the program was started, parents commented on the letter telling about the program. They weren't sure about it.

There were no comments after they knew what it was.

7. Of the comments I received from my preschoolers' parents, most were:

Positive *4* Negative *2*

Comments, please:

Lots of both.

Negative in the beginning, no comment in the end.

They wanted to know who was teaching it, etc. ... If any cops were coming in.

8. This curriculum was easy to work into the regular preschool day.

Agree *7* No Opinion *0* Disagree *1*

Comments, please:

Lots of planning ahead is necessary.

9. Preschool teachers using this curriculum should receive training prior to its use.

Agree *7* No Opinion *0* Disagree *1*

Comments, please:

Especially to insure that correct information about substances is delivered.

Also to emphasize the need for confidentiality and that an objective, nonjudgmental attitude is maintained.

To better understand the program - that everyone is teaching it in a positive way, without any judgment or own opinion.

10. This curriculum is appropriate for parents to use with their children.

Agree *6* No Opinion *0* Disagree *2*

Comments, please:

But specific information on various substances should be supplied.

Too many parents smoke and drink. Need some instruction or training so that the right info is given.

11. The sketches with this curriculum are adequate for teachers' use.

Agree *4* No Opinion *0* Disagree *4*

Comments, please:

Additional material needed - teaching aids, pictures.

Weren't very clear. Maybe color should be added so the children will want to look.

12. The sketches with this curriculum are appropriate for preschool children.

Agree *5* No Opinion *0* Disagree *3*

Comments, please:

13. The photos with this curriculum are adequate for teachers' use.

Agree *5* No Opinion *0* Disagree *3*

Comments, please:

Crack picture is vague. Soda can confused children. Other illegal substances should be pictured.

Liquor, crack too difficult.

14. The photos with this curriculum are appropriate for preschool children.

Agree *5* No Opinion *0* Disagree *3*

Comments, please:

Even the picture of children's aspirin can be misleading - PILLS ARE DANGEROUS.

15. I did not have to do a lot of work gathering additional materials (pictures, props, etc.) in order to implement this curriculum.

Agree *0* No Opinion *2* Disagree *6*

Comments, please:

The head teacher did the circle.

I was not in charge to lead the curriculum.

16. I would recommend that this curriculum be used with all preschool-age children.

Agree *7* No Opinion *0* Disagree *1*

Comments, please:

More factual information about particular substances and the abuse of them.

With different pictures, sketches.

PLEASE FEEL FREE TO INCLUDE ADDITIONAL COMMENTS HERE. ALL YOUR THOUGHTS ABOUT THE CURRICULUM, INCLUDING CRITICISM, ARE WELCOME!

I don't feel that cigarettes, alcohol and beer should be lumped together with "illegal substances" such as crack and marijuana.

More factual information about more drugs that are out there, like pot, pills, etc.

Less self-esteem curriculum as long as it is being done on a daily basis in the regular curriculum.

I feel as though there could be more photos and more appropriate sketches.

Negative: We ran into problems getting the permission slips back. We need a little more time for the whole curriculum. We need to spend more time on the drug format than the self-esteem. (We do self-esteem every day.) We need clearer pictures to show the children.
Positive: The self-esteem section was very good. The kids related to the curriculum quite well. For later on, maybe we could fit it into the curriculum every week.

APPENDIX F

FINAL DRAFT OF PRESCHOOL, SUBSTANCE-ABUSE-PREVENTION CURRICULUM

DRAFT

Substance Abuse Prevention for Preschoolers

Curriculum Activities for Ages 3-5

by Kate Howze

DRAFT

Substance Abuse Prevention for Preschoolers

Curriculum Activities for Ages 3-5

Kate Howze

Juvenile Welfare Board of Pinellas County, FL

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DRAFT

Introduction

"Three-year-old girl caught in drug crackdown" (St. Petersburg Times, 9/13/91)

Shocking headlines such as this aren't exactly commonplace. But they underscore a serious concern of many educators, parents, social service providers and others who realize that young children are being increasingly exposed to drug use in our society. The media, neighbors, parents and friends are rich sources of information about drugs for the young child, but not always correct sources.

Many professionals urge substance abuse prevention at an unprecedented age - preschool. Research both demonstrates the appropriateness of preschool substance abuse prevention, and in many cases strongly advocates it. Professionals also are aware of the increasingly younger age at which children are experimenting with and using drugs.

Among those throughout the country who are starting preschool programs to prevent substance use and abuse are an eight-county Headstart group in eastern Tennessee; LeMoyne-Owen College, which is partner with a low-income housing area nearby; an independent special taxing district in Florida; and the Hillsborough County (FL) Headstart. They are putting into place substance abuse prevention at the preschool level, and finding that doing so can build self-esteem and positive relationships skills among young children, and help them learn correct information about drugs.

In 1990, the Juvenile Welfare Board of Pinellas County responded to the increasingly younger age at which the county's children were experimenting with drugs by voting to provide a substance abuse prevention curriculum for use in the county's preschools, and ultimately by parents with their children. The curriculum, contained in this book, was field-tested with three classes of children from 3 to 5 years of age in one preschool. The preschool was chosen based upon a demographic mix of children comparable to the demographic mix of the county, thus providing applicability to the larger population in general.

This curriculum was written as part of a master's degree practicum, and was evaluated by a panel composed of a preschool teacher, substance abuse prevention specialist, substance abuse counselor, and preschool director. The panel agreed that the curriculum was developmentally appropriate, easily implemented, and correct in its focus on self-esteem, positive peer relationships, and factual information

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about drugs. Prior to publication, the curriculum, photos and sketches were again evaluated, this time by a group composed of the director of Community Preschool in St. Petersburg, the program manager for Coordinated Child Care of Pinellas County's therapeutic child care program, the supervisor of Pinellas County Schools' pre-kindergarten early intervention program, and a drug prevention specialist with Pinellas County's Drug-Free Schools program.

The results of the field-test and the evaluation of experts were critical to the final version of the curriculum presented here. Also important were the comments and suggestions by the teachers field-testing the curriculum. Appreciation is expressed to all of these people, as well as to Kathy Zimmerman, who drew the sketches for the curriculum.

The Juvenile Welfare Board hopes that this curriculum will provide another important link in the network of programs and services attempting to prevent substance use and abuse among our young. Additional copies of this curriculum are available from the Juvenile Welfare Board at the address and phone number below. Also welcome are readers' comments and suggestions.

Juvenile Welfare Board of Pinellas County, FL
4140 49th St. N
St. Petersburg, FL 33709-5797
813-521-1853
Fax 813-528-0803

DRAFT

A Message For Teachers Using This Curriculum

If you're both excited and a little nervous about providing substance abuse prevention information to preschoolers, don't worry: You're experiencing the same feelings as did the teachers who tested this curriculum. They were enthusiastic about providing substance abuse at the preschool level, but worried about what the preschoolers' parents might think or say about the program. The teachers also were not sure what they should say or do if a child indicated a parent was using a drug (including alcohol and cigarettes) that the child's teacher said was "unusable." Here are some tips that might help:

You don't need to be a substance abuse expert to use this curriculum. However, if you think your knowledge in this area could be enhanced: **Turn to Page 22 for a look at some popular drugs and their effects**.

You'll want to make sure that parents support this project or, at the very least, that parents are aware their child will be receiving factual information about drugs. **Be sure to have signed permission from parents that their preschooler(s) may participate in the curriculum**.

Parents are more likely to be supportive of a project like this if they know all about it. You may want to copy pages from this curriculum for them to see. **The letter of permission you send to the parents should tell them the curriculum contains exercises to build self-esteem and positive relationships, provides factual information about drugs and encouragement to "say no."**

The consistent and firm message to be given to the children is that certain drugs are usable if prescribed by a doctor or purchased at a pharmacy, and given by a parent or nurse, and that the child should say "no" to drugs offered by inappropriate people or in inappropriate circumstances. If the child indicates legal (alcohol or cigarettes) or illegal (crack, heroin, amphetamines, etc.) use of drugs by a parent, the teacher should acknowledge the child's comment without judging the child or the parent, or further confusing the child. An appropriate comment might be: "Yes, some mommies (daddies) do smoke (drink beer, use crack, etc.) But we are learning that it's okay to say 'no' to certain drugs." As with other moral dilemmas presented by children to their preschool teachers, **teachers should avoid making value judgments about drug use information given to them by the children**.

The curriculum consists of three goals, which are recommended for implementation for at least a 15-minute period during daily circle time. Due to their nature and depending on class size, some activities may require longer than 15 minutes; teachers should adjust their classroom schedules accordingly. It is recommended that each goal be allotted at least one week of implementation, and that the entire curriculum is repeated one or more times during the preschool year. The time spent on each goal may vary according to need, children's developmental levels and number of activities. Activities provided are designed to accomplish the objectives for each goal, and may be repeated frequently, since repetition is an important part of any preschool curriculum. Activities may be enhanced by the use of guest "experts" such as doctors, psychologists and substance abuse prevention specialists. Many activities, such as those dealing with positive interactions with people, and self-esteem, should be reinforced on a daily, ongoing basis. Appropriate fingerplays, songs, books and videos should be included. **Here are some appropriate books and videos to use:**

BOOKS:

One Day at a Time, Easy Does It, Live and Let Live (full color) -Hallinan. Beautiful pictures with a simple Alcoholics Anonymous-type message.

My Body is My House (black and white) - Engelmann. Pre-kindergarten color book that tells a simple story.

I Can Say No (full color) - Sanford. A story about the effect of big brother's drug behavior on little brother and family. May benefit some children.

Why Am I Different? (black, white and one color) - Simon. A story that explores differences in people, leading to respect and self-respect concepts.

Love You Forever (full color) - Munsch. Offbeat, touching story following mom's love from infant to adult child.

Feelings ... Inside You and Out Loud, Too (black and white) -Polland. Covers feelings with photos and words.

When to Say No (black and white) - Riedel. Rhyme book that contains explicit information about drugs .

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VIDEOS:

The Song Birds (10 minutes) - Simple, symbolic video using color illustration "stills" showing father bird overeating grapes with bad results. Gentle message.

What Would You Do? (11 minutes; guide included) - Young, multiracial actors in three short segments ask questions that lead to discussions. Topics: taking someone's medicine, being offered alcohol by friends, being asked to deliver a mysterious packet. Strong message.

The No Show (22 minutes) - McGruff the Crimestopping Dog uses music and fun theme to provide a catchy "no" message. Comes with Smart Kids cassette tape.

Yoo Hoo (14 minutes; teacher's guide) - Young Hispanic actor and his puppy show young children what the body can and cannot handle.

A Story About Feelings (10 minutes) - Animated film about a young boy who grows up and develops substance abuse problems, then recovers. Features "Z," his cat. Very explicit. (Comes with black and white book).

Drugs Will Drag You Down (30 minutes; discussion guide included) -Tippy, his puppet friends and young actors show how a insecure boy tries to make friends by offering them drugs.

Book and video list reprinted courtesy of the Hillsborough County Head Start Department, Substance Use Prevention Project.

A Message For Parents About Preschool Substance Abuse Prevention

"I don't want my child exposed to this kind of information so young."
"I want my child to have all the help (s)he can get as early as (s)he can get it."
"My child's too young to even understand about substance abuse prevention."
"I don't want my child coming home and telling me what I should or shouldn't do."

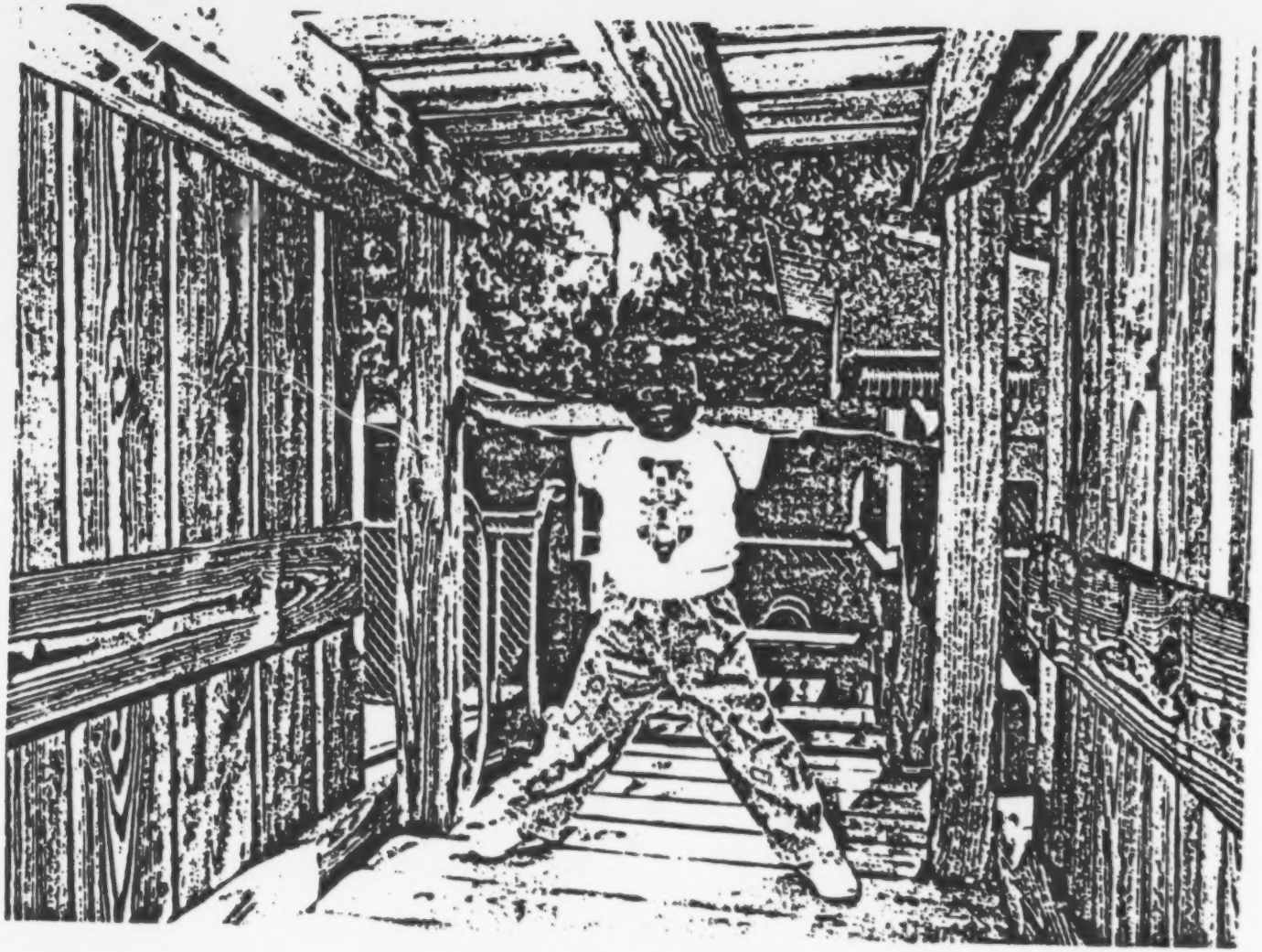
It's no wonder there are a variety of questions that parents ask and comments that they make about preschool substance abuse prevention. After all, this isn't an area of preschool development as well known as block building, or art, or even listening to stories. But it may be every bit as important for your child's development.

Today, children are exposed to drug information through a variety of sources, including the media, their playmates, and even through the example you set for them. But the information they receive is not always correct. Research has shown that children do understand certain health behaviors and the effects of those behaviors, and that correct drug abuse prevention information can be provided to children as young as 3.

If you're reading this, chances are your child's preschool has asked you for permission to provide substance abuse prevention to your child. Or, you have decided to use the ideas within this book with your child at home. Either way, you can be assured that the activities are appropriate for children 3 to 5.

It is perfectly natural that parents who use cigarettes, alcohol or drugs may be uncomfortable with the "no use" message given to children through this curriculum. While parents are encouraged to allow their children to receive this information, parents are not required to make changes in their own behavior . It is hoped that parents who use cigarettes, alcohol or drugs will recognize the importance of their child receiving correct substance use information, and not permit their desire to continue drug and alcohol use to stand in the way of their child's health and well-being.

Parents who do not use cigarettes, alcohol or drugs and encourage their children to do likewise will find the "no use" message in this curriculum to be a suitable companion to the message the child already receives at home.



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GOAL: To Assist Preschoolers In Improving Their Self-Esteem

After all activities have been implemented, the child will be able to:

- *List ways he/she is special.*
- *Recognize and name at least three major feelings.*
- *Identify ways of managing difficult feelings.*
- *Name people who can help him/her manage his/her feelings.*
- *Name several emotions that are healthy and that make him/her feel good.*

ACTIVITIES:

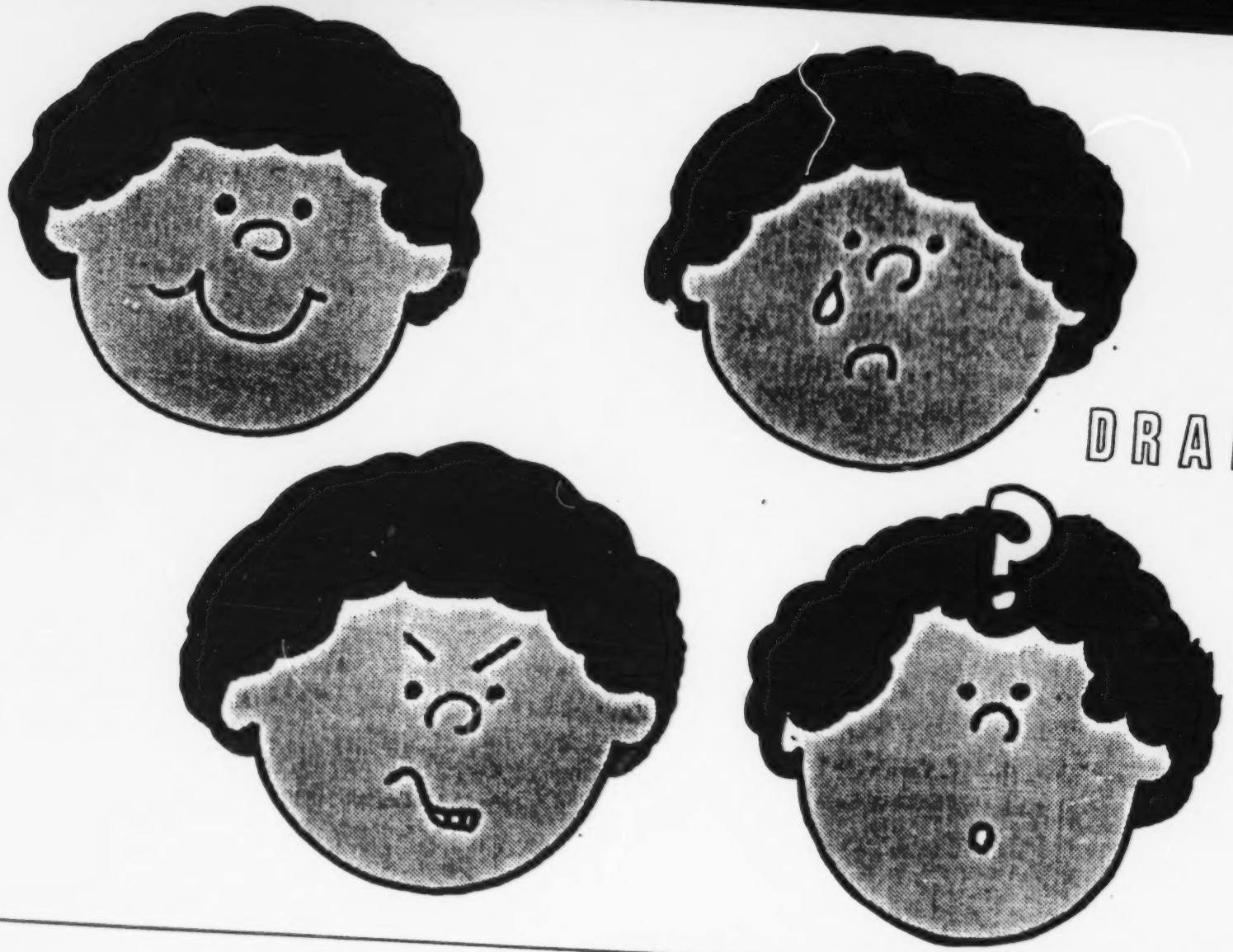
1. At the beginning of this goal's implementation, take each child's picture and talk with each child about what makes him/her special. Mount the child's picture along with his/her comments and display in the classroom. Refer to the pictures throughout the goal's implementation when children display characteristics they have highlighted for themselves or when activities dovetail with those characteristics.

2. Insert a mirror big enough for the children to see themselves in the bottom of a large, brown bag. Inform the children there is "something special" in the bag and tell them each may look, one at a time, as you pass the bag around. As you pass the bag around, sing the following song to the tune of Are You Sleeping?

   "I am special, I am special."
   "If you look, you will see."
   "Someone very special. Someone very special."
   Look, it's me! Look, it's me!"

   Discuss what makes each child special. Hand each child his/her photo and let him/her tell the other children what makes him/her special.

3. Weigh each child and measure his/her height. Ask him/her to draw a picture of himself/herself. Ask the child what his/her favorite things are. On a large sheet of paper, mount the child's drawing along with his/her statistics and favorites. Display in the classroom.



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Happy, Sad, Mad and Confused Faces

4. An appropriate way to talk about feelings is to sing If You're Happy and You Know It. Make a face corresponding to the emotions of happy, sad, angry, confused, and ask children what your face looks like each time. Discuss instances where children might experience each of these emotions.

5. Discuss with children how people look and how they feel when they are sad, happy, angry, confused. Using two sets of simple faces depicting happy, angry, sad and confused emotions, ask each child in turn to place one face on the appropriate matching expression.

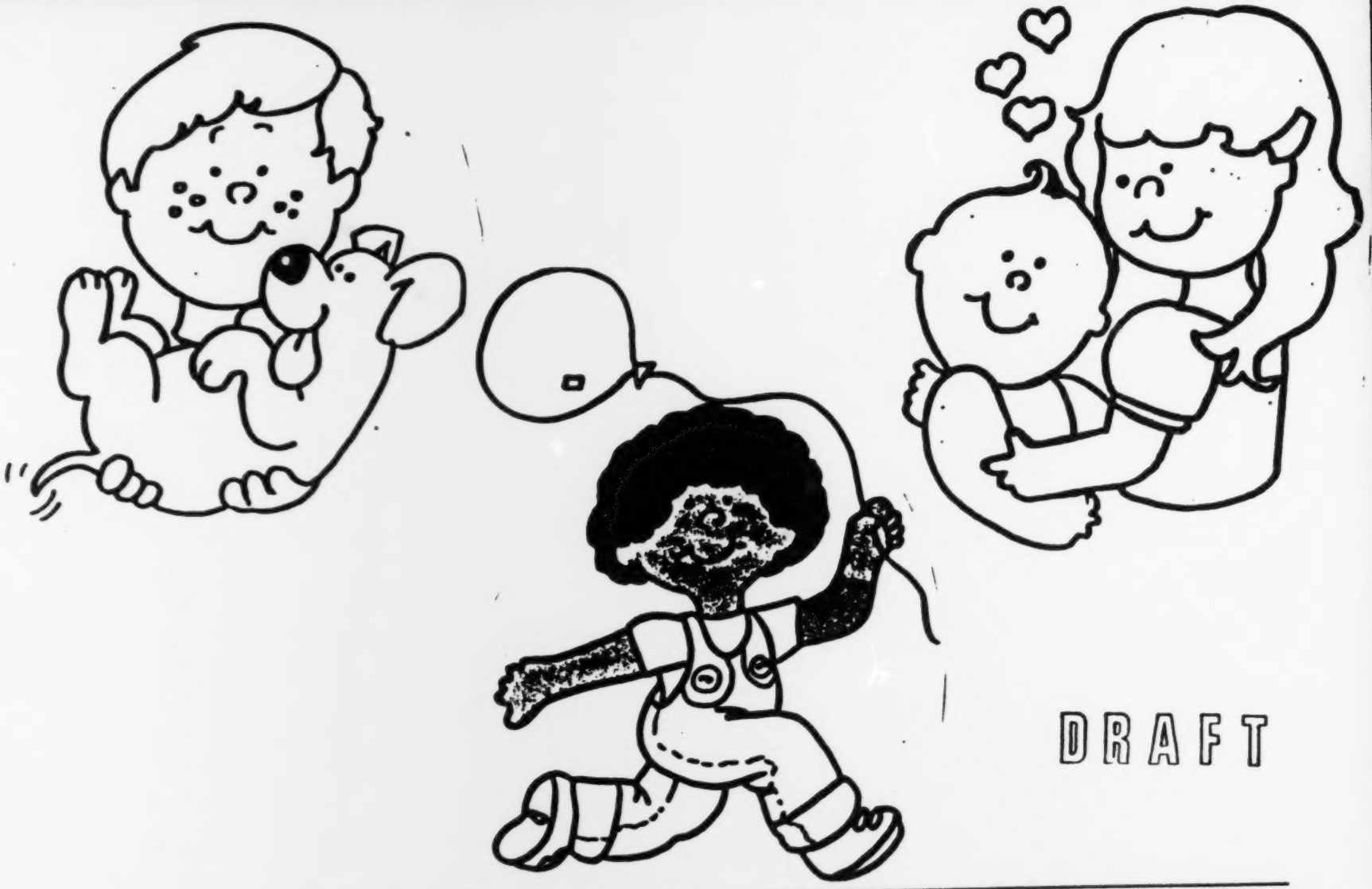
6. Using the pictures on the next four pages, or your own pictures, present pictures of things that make children happy. Discuss. Have children close eyes. Remove one picture. Ask them to uncover their eyes and look and see what's missing. Do likewise on succeeding days with sadness, anger, confusion, using your own pictures or the pictures on the next two pages.

7. Tell short stories and ask questions about how the characters felt. Discuss which emotions tend to make people feel good, and which make people feel bad. For more sophisticated children, paste happy, sad, angry, confused faces on a small square box and invite each child to toss the box in the air. Ask the child to tell a story about the emotion that lands on top.

8. Make a board with four pockets depicting happy, sad, angry and confused faces. Using simple pictures of events familiar to the child, ask each child to place the event in the appropriate pocket. Discuss.

9. Play a game by having one child portray an emotion and the others guess what it is. Discuss how the child looked when he/she showed the emotion, and how he/she might have felt. Ask the child to name appropriate people who can help him/her manage the feeling. Discuss.

10. Discuss with children what to do when they're experiencing an unfamiliar emotion or a powerful feeling. Include solutions such as playing outside, listening to music, looking at a book, pounding a pillow. Role play situations and let children come up with appropriate ways to manage emotions. In conjunction with this activity, let children decorate brown paper bags, stuff with newspaper and tie with yarn. Each child then has a "punching bag" to take home and use when he/she feels angry.



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Things That Make Children Happy

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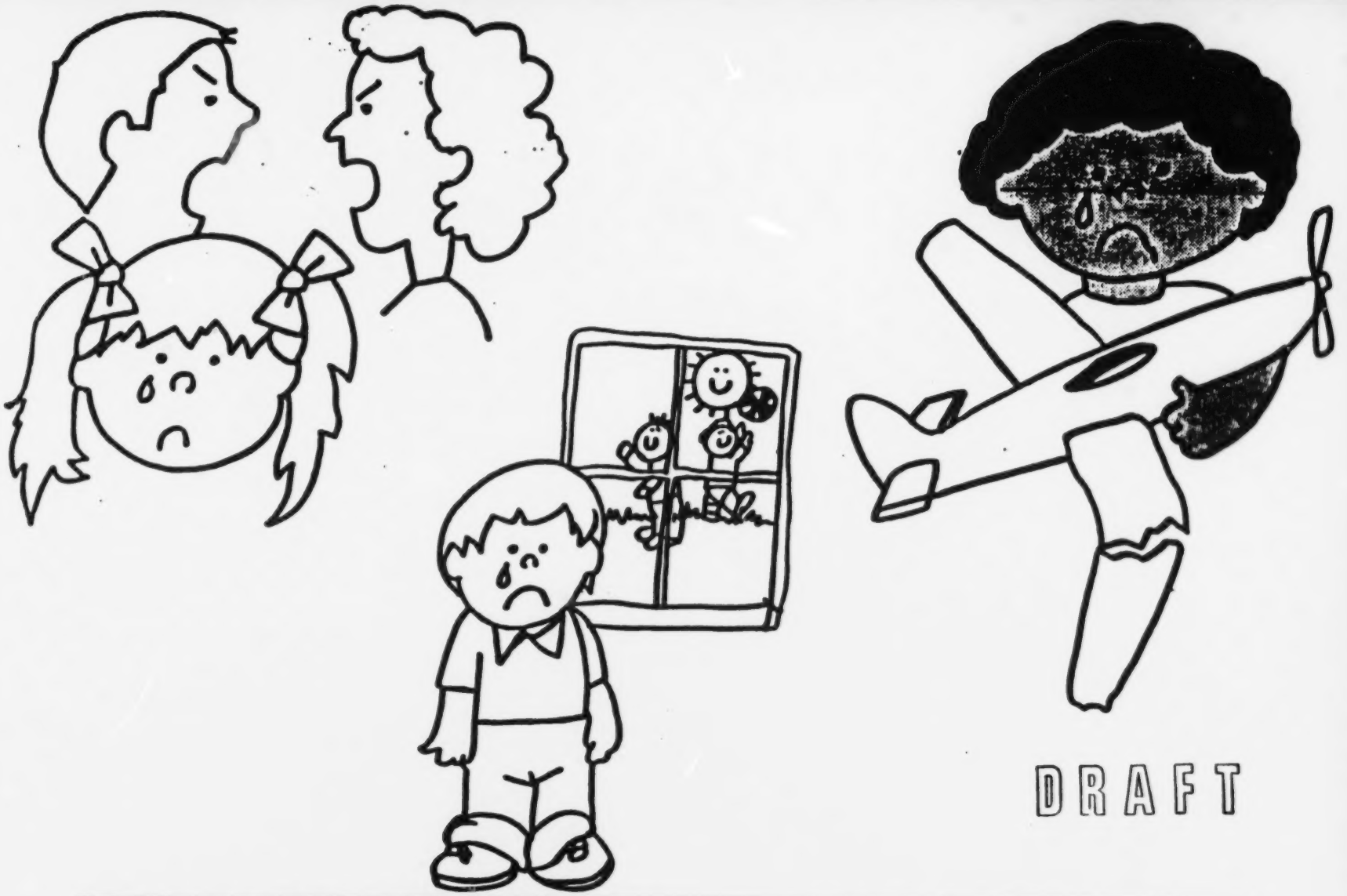

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Things That Make Children Sad

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Things That Make Children Mad

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Things That Make Children Confused

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GOAL: To help preschoolers develop positive relationship skills

After all activities have been implemented, the child will be able to:

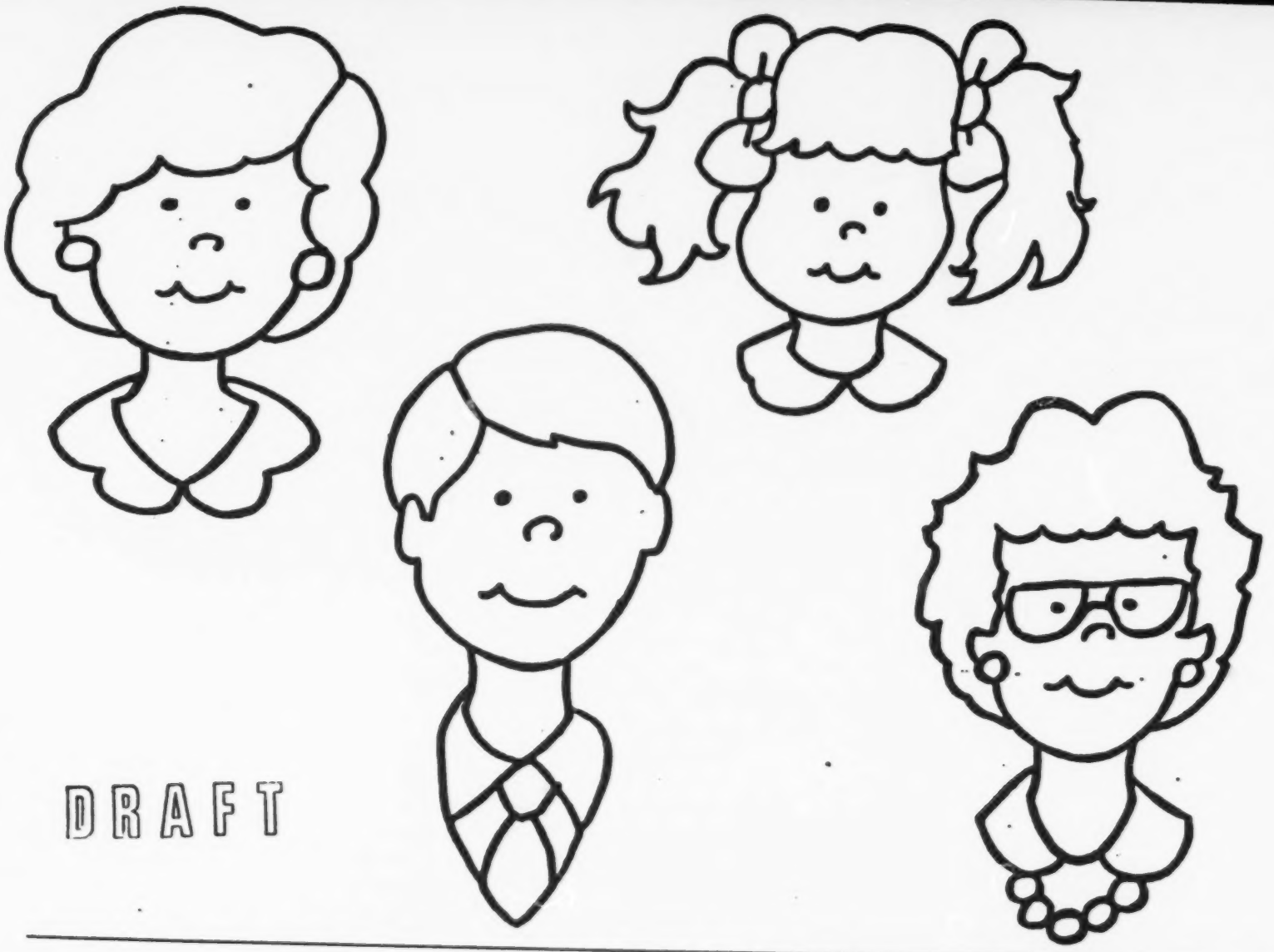
- *Name parents, teachers and friends as people to turn to in times of stress.*
- *Demonstrate three ways of interacting positively with people.*
- *Relate three things that could happen when he/she does not interact positively with people.*
- *Choose healthy and/or positive solutions to children's personal and social problems.*
- *Correctly express a need for help or assistance.*

ACTIVITIES:

1. Select several items that represent mothers and place in opaque bag. Tell children that in the bag are some things that a mother would use, and that the class is going to play the guessing game, "What's in the Bag?" As children guess items in the bag, remove the item and discuss how and why mothers use it. Emphasize positive aspects of maternal behavior. Repeat activity for fathers, children and teachers, using discussion to highlight positive ways these people interact.

2. Place a picture of a mother, father, child and teacher in front of the children. In a box, place pictures of several events when a child might need assistance, such as being hurt, being or being offered a cigarette. Invite each child to choose a picture from the box and discuss what is happening. Ask the child to place the event picture on the picture of the person he/she would ask for help.

3. Play a variation of the popular "Bear Hunt" game by telling the children they will be going on a "Help Hunt." Using appropriate gestures and sounds, take the children on an imaginary trip, such as to the park. Along the way, present children with "dilemmas," such as getting lost in a big store or being approached by an older child who wants to sell drugs. Ask what they would do and direct discussion to positive approaches to problems.



Mother, Father, Child, Teacher

4. Tell children to sit in a circle because you have something to pass around. Hug the child next to you and whisper in his/her ear to do likewise and pass the instruction around. Discuss how the children feel. Do likewise with handshakes, smiles, etc., being careful not to initiate activity that might be uncomfortable. Discuss how smiles, hugs, handshakes make people feel good and are a positive way to interact with people.

5. Recalling the previous activity of positive interactions, present a picture of some event that depicts a negative interaction, such as children fighting over a toy. Ask children how those in the picture might feel as a result of the negative interaction. Ask children for a positive substitute to the negative interaction. Repeat with other pictures of negative interactions.

6. Make a big smile on a piece of paper and a big frown on another piece of paper. Using pictures from the previous activity and pictures of positive interactions, ask children individually to place a picture on the appropriate feeling it evokes. Discuss.

7. Set up "centers" around the room that represent healthy and/or positive solutions to children's personal and social problems. Point out the "centers" to the children and discuss why the centers represent positive solutions. Present one child with a personal or social problem that might happen to him/her. Ask him/her to choose a "center" that represents a comfortable solution to him/her and tell why. Discuss. Repeat with other children.

8. Using dolls or puppets representing familiar figures to a child (e.g., father, mother, child), act out a personal or social problem. Ask each child to tell how he/she would solve the problem. Repeat with other problem situations.

9. Discuss with children the correct ways of asking for help or assistance ("please," "thank you"). Take children for a walk and tell them while they are out they will have several chances to use those skills. Prearrange with other staff members to play-act scenarios in which children would need to ask for help. For example, arrange to have a gate through which children enter the playground locked . Pose the problem to the children and invite one to ask the maintenance person for assistance. Another scenario could include coming upon someone smoking a cigarette and offering one to the children. Discuss with children appropriate ways to decline ("no, thank you").

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GOAL: To provide preschoolers with factual information about drugs

After all activities have been implemented, the child will be able to:

- *Recognize and name at least three drugs.*
- *When given the name of a drug, to label it a usable or not usable drug.*
- *Say no to people who might give him/her harmful drugs.*

ACTIVITIES:

1. Discuss what drugs are (chemicals, substances), and make the distinction between drugs to make them healthy that are prescribed by a doctor, purchased at a pharmacy, and given by a parent or trusted adult, and drugs that are not "healthy." Explain that "healthy" drugs help the sick person get well, while "unhealthy" drugs make well people sick. Provide examples of drugs such as aspirin, rubbing alcohol, empty can of beer, pack of cigarettes, picture of crack cocaine , making certain to include examples of "healthy" drugs among the choices. Place in a line and ask children to close their eyes. Remove one item, choose a child and ask him/her what's missing. Continue with remainder of items/photos and rest of children.

2. Place in front of the children a doctor's bag or first-aid kid and a trashcan. Using examples of drugs from previous activity, discuss drugs again and ask children to place drugs in appropriate receptacle.

3. Make a mouth and paste on a box, cutting an opening so that items may be inserted through the mouth into the box. Make another mouth and paste on a box, but make no opening. Explain to the children that the open mouth represents a place for drugs that they may use when the drugs are given by a doctor, nurse, or caring parent. The other represents a place for drugs that are not distributed by a doctor, nurse, or caring parent. Give children examples of drugs and ask them to put in the appropriate place. Discuss.

4. Discuss with the children confidently saying "no" to drugs offered by inappropriate people or in inappropriate circumstances. Using puppets or dolls, play-act situations in which the children might

be offered drugs. Encourage the children to say "yes" to appropriate people, and "no" to inappropriate people.

5. Give each child several tokens that represent "yes." Present pictures of appropriate and inappropriate people who might offer drugs, and appropriate and inappropriate circumstances in which drugs might be offered. Discuss each picture and invite children individually to decide whether each situation merits a "yes" token or not. Invite children to place tokens on appropriate situations.

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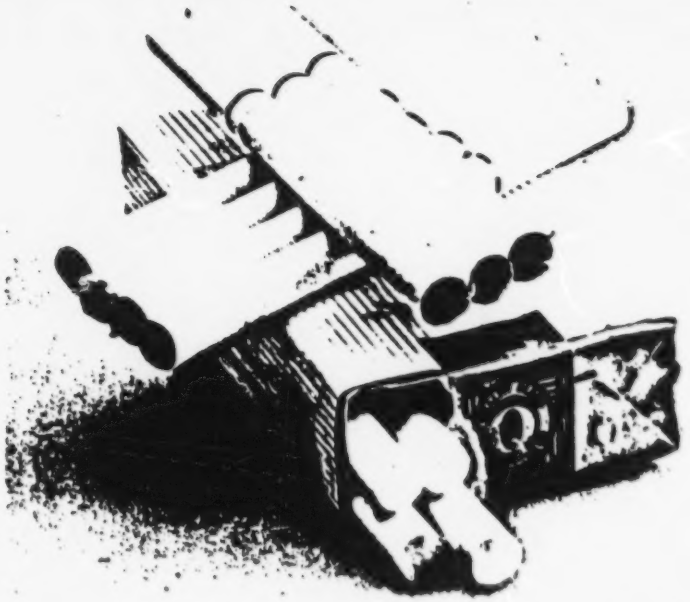
"Usable" Drugs



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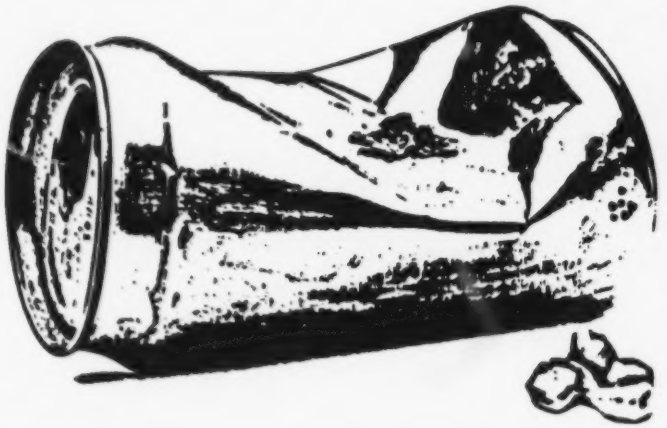

"Unusable" Drugs

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A Quick Guide to Drugs

TOBACCO: There are about 4,000 chemicals in cigarette smoke, of which several are known to cause cancer. Nicotine is an especially dangerous component of tobacco. It reinforces the desire to smoke, thus making quitting difficult.

ALCOHOL: Alcohol, even in small quantities, can cause changes in behavior. Large quantities can cause impairment of one's mental, physical and emotional functions. Use of alcohol can lead to dependence.

CANNABIS: The best-known form of cannabis is marijuana . Using cannabis may impair short-term memory, comprehension, concentration and coordination, and can lead to psychological addiction.

INHALANTS: Inhalants are chemicals that are inhaled, including nitrous oxide (laughing gas), amyl nitrite, butyl nitrite, aerosol sprays and solvents such as glue and paint thinner. Deeply inhaling these vapors, or using a large amount in a short period of time can cause disorientation, violent behavior, unconsciousness or death.

COCAINE: Cocaine and crack cocaine stimulate the nervous system, and addiction develops quickly. Users often experience high blood pressure, increased heart rate and respiratory rate, and elevated body temperature. Users become psychologically and physiologically addicted. Even one-time use can lead to death.

STIMULANTS OTHER THAN COCAINE: Amphetamines, methamphetamines, nicotine, caffeine and other stimulants cause increased heart and respiratory rates, and at high doses lead to loss of coordination and collapse. Users can feel restless, anxious, moody, nervous, talkative, hyperactive and aggressive.

DEPRESSANTS: Depressants affect the user in ways similar to the effects of alcohol. Small amounts relax the muscles and sedate the user, but large doses can result in slurred speech and altered perception. Depressants include barbiturates, methaqualone (quaaludes), and tranquilizers such as Valium and Librium. Users quickly can become psychologically and physiologically addicted. Abuse may cause death.

HALLUCINOGENS: These drugs are called hallucinogens because they can cause the user to hallucinate. Users of phencyclidine (PCP) may become physically aggressive, while users of LSD (lysergic acid

diethylamide) may suffer increased heart rate and blood pressure, as well as sleeplessness and tremors. Other hallucinogens include mescaline and peyote, and psilocybin (mushrooms).

NARCOTICS: Narcotics produce sleepiness and nausea. Narcotics include heroin, methadone, codein, morphine, opium and such common drugs as Percodan and Lomotil. Narcotics are prescribed as painkillers.

DESIGNER DRUGS: These drugs are called designer drugs because of their similarity to drugs they are "designed" to imitate. These drugs can be much stronger than the other drugs, too. Designer drugs go by a variety of names, including "China White," "Ecstasy," and "New Heroin."

ANABOLIC STEROIDS: Anabolic steroids are a group of drugs similar to the male hormone testosterone. Steroids may contribute to increases in body weight and muscular strength. Steroids have serious side effects, such as acne, testicle shrinkage, aggressiveness, and heart and liver damage.

For More Information

1-800-662-HELP - NIDA HOTLINE: The NIDA Hotline is operated by the National Institute on Drug Abuse (NIDA), which provides confidential information and referrals to cocaine abuse treatment centers in the local community. Free materials on drug use also are distributed if requested. One booklet may be especially helpful for parents of preschoolers. Prevention Resource Guide: Preschool Children contains appropriate prevention materials for preschool children, as well as articles, studies, reports and program descriptions.

1-800-241-9746 - PRIDE DRUG INFORMATION HOTLINE: Parents' Resource Institute for Drug Education (PRIDE) refers parents to parent groups in their state or locality and, among other services, maintains a series of drug information tapes that callers can listen to free by calling after 5 p.m.

1-800-624-0100 - UNITED STATES DEPARTMENT OF EDUCATION: Provides two helpful booklets, both free of charge, for parents. Growing Up Drug Free: A Parent's Guide to Prevention contains helpful information for children from preschool age through high school. What Works: Schools Without Drugs not only addresses youthful drug use, but offers a plan for action that includes parents, schools, students and communities.

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APPENDIX G

EXPLANATORY LETTER TO BE MAILED WITH CURRICULUM

Dear (Name of preschool):

Enclosed is a copy of a preschool substance abuse prevention curriculum courtesy of (Name of writer's agency). We are providing this copy to you with the hope that you will consider using it with the children in your center.

Studies have shown us that substance abuse is occurring at younger ages in (Name of county). Research also has shown us that it is not only possible, but in many cases desirable, to provide substance abuse prevention information to children as young as three. The enclosed curriculum has been evaluated by a panel of professionals in substance abuse prevention and in early childhood education, and it has been successfully tested in one of (Name of county)'s oldest preschools. The curriculum has been adapted for use by parents, and it includes information designed to help the early childhood educator successfully work with young children on substance abuse prevention.

We will be pleased to provide additional copies of this curriculum for your use. As happens with any new project, you may have questions or comments or suggestions for improvement, and we welcome those, too. Should you wish to learn more about the research behind this project, we will be glad to supply that. Please feel free to call (Name of writer) at (Phone number) any time between 8 a.m. and 4:30 p.m. weekdays.

It is our hope that you will join us and others in this effort to provide the means for the county's children to enjoy a successful and happy future.

Sincerely,

Name
Title